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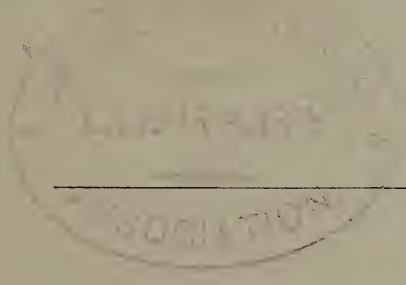

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Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

VOL. III. DETROIT, JANUARY 10, 1880. No. 1

Editorial.

Gratuitous Medical Services.

Some of our exchanges have recently been discussing the question of the gratuitous medical treatment rendered certain classes of the community. It has long been customary for physicians to give their services, without hope of direct reward, to clergymen and their families, though why this practice has become crystallized into a custom does not clearly appear. If it is because the clergy is one of the learned professions and is, therefore, entitled to that immunity from pecuniary obligations for professional services which obtains between physicians, it may, very pertinently, be asked why not also include the members of the other sister profession, the law? Is it because clergymen are poor? Perhaps the custom originated in the days when ministers of the gospel really were poor and when to minister to the bodily ailments of these good men was both a creditable and charitable deed for the man of medicine to perform. The time, however, when this state of affairs ceased to be, has long since become a mere point in history. Now-a-days clergymen not only receive a sufficient allowance wherewith to provide themselves with food and raiment, but are enabled by the practice of a no very rigid economy to lay up a provision against possible earthly contingencies, and in not a few instances they have displayed the wisdom of the serpent, and have even accumulated much wealth. To treat a clergyman's family for naught is, therefore, no longer an act of charity. We are unable of ourselves to discover any valid or honorable reason for the practice, and certainly have, thus far, had none pointed out to us. The only reason that suggests itself to us why the discrimination is made is one which reflects no credit on the practitioner; whether it does on the clergyman it is not our province to say. The physician who gives his services, except as a charity, does so with an ulterior purpose in view. The clergyman is a man of influence, and, whether he knows it or not, when he receives his medical adviser's services as a gratuity, the influence which attaches to his holy office is expected by the physician to bring in grist to the latter's mill, and in this manner to remunerate him for the services for which other men less able are expected to pay in currency. In smaller places the doctor regards it as a good card when he secures the opportunity of displaying his unselfishness and the goodness of his heart (always good capital for an M. D.) by treating the minister's family gratis. The minister who receives such services (and they hardly ever decline them) places himself under the obligations which a gift always imposes on its recipient, and thus not only becomes in a measure subsidized, but is often obliged to discriminate against other worthy practitioners. The influence which a man exerts in virtue of a holy calling, he should never be induced to cast so as to further worldly interests. Is it a heinous offence for a minister of the realm to receive a gift, and shall the skirts of a minister of the gospel be spotless who receives a gift from one to whom his influence is so valuable? This is doubless a new standpoint for clergymen to view the question from, but is it an unjust one?

Alcohol.

The question of the use of alcohol in disease and in health, though not a new one, is, nevertheless, one of perennial interest. It is doubtful, indeed, whether it is now possible to say anything touching it, *pro* or *con*, which, in some other form, has not already been said. The discussions which it has received have run the scale from the cold, factual, dispassionate representation of the scientist to the heated, imaginative, impassioned utterance of the temperance reformer, and still the question is an open one.

The objects for which alcohol is taken or administered may be enumerated as follows, viz.: As a medicine in disease, as a food or a substitute for food in health, as a stimulant, and as an intoxicant. The first three objects are those which have chiefly received the attention of the profession; the last named has been relegated to the reformer. We do not propose to discuss the action of alcohol as an intoxicant, but are prepared to admit everything which has been said in denunciation of it for such use. The only reference we would make at all bearing on this point, is to the alleged danger which attaches to the moderate use, of begetting an imperious appetite for its employment as an intoxicant. Does the moderate use of alcohol breed drunkenness? The question is one which most readers, doubtless, will first answer in the affirmative and then adduce as evidence the long list of drunkards, which every one is able to make up from his acquaintance, who commenced their downward career by very moderate indulgence. This kind of argument, though extremely easy, is very fallacious. Without denying the truth of the position which it seeks to support, might not the negative of the question be supported with nearly, if not quite, as much reason by pointing

to the much larger list of those who have drunk and tippled from their very infancy, and have lived to a green old age, without becoming drunkards? The *post hoc, propter hoc* argument is not sufficient for scientific purposes. In order to demonstrate the absolute danger, more correct reasoning than this, and closer investigation than has yet been made, will be necessary. In the meantime we think it may be safely asserted that the arguments in support of the danger are scarcely sufficient to form a reason against the proper use of alcohol, for medicinal purposes at least, if not for dietetic.

It is interesting as well as profitable, although somewhat perplexing, to note the opinions of leading medical men on this subject of the use of alcohol. Dr. Thomas M. Dolan, medical officer to Halifax Union Infirmaries, in the November number of the *Medical Press and Circular*, gives a number of these views in the course of an article on "Pauperism and Drink." Dr. B. M. Richardson is universally known as the unrelenting foe of alcohol in any form and under all circumstances. Sir James Paget advocates its moderate use as certainly pleasant, and probably useful. He doubts the inherited evils which are propagated and handed down from drinking ancestors, and finds no proof of it in comparisons of different nations. Dr. T. Lauder Brunton thinks that to a small class it may be a poison, and to a still smaller class it may cause mania. Another class is exhilarated, markedly so, and to such persons the risk is great. Most persons do not need alcohol, and are better without it; but late in life it is excellent, and acts often as food and as a stimulant. Dr. Walter Moxon is opposed to total abstinence. After a long argument to show why men drink, he defines it both a blessing and a curse, and thinks certain temperaments are more susceptible than others. Sir William Gull is confident that in disease and debility it is useful, and also in overwork. But the constant use of alcohol is dangerous and should be avoided. Dr. C. Murchison doubts if alcohol has any value in health; but in some kinds of disease and debility it may be very beneficial. It should never be given on an empty stomach. Dr. James R. Bennett urges the temperate use of alcohol both as a food and as a medicine. He is confident that physicians have examined the facts very thoroughly, and that a middle aged man may safely use it in moderation, but children and young people must abstain. As a medicine it is invaluable in his opinion. Dr. C. B. Radcliffe urges alcohol as a cheap food to be used by all classes in moderation which moderation must be learned by each one for himself. Dr. Joseph Kidd is of the opinion that if it was studied on a scientific basis, and minute directions given for its use, little danger would follow. Mr. R. Brudenell Carter calls teetotalism a delusion, and believes that the disasters from alcohol arise from impurities. The more pure the less liable is it to be taken in excess. The palate will not lead man astray if it is properly gratified. Dr. A. B. Garrod urges that alcohol be taken largely diluted and only at meals. That it is of great advantage, both medicinally and otherwise, if taken properly. Among continental writers who have thrown the weight of their testimony in favor of alcohol as a medicine may be mentioned Bouchardat, Pasteur, Gay-Lussac, Dupré, Beaumetz (France), Prof. Polli (Milan), P. Semola (Naples), and P. Binz (Bonn). The following quotation is given from Dr. Prosper de Pietra Santa, director of the *Journal of Hygiene and Climatology* (France), who thus sums up his opinions:

"When we see a vine meandering over a cottage wall, framing the windows in its green wreaths, perfuming the air with its flowers, distilling wine from its wild aromatic juice for the man who works, for the old man who rests, we feel full of admiration for this graceful plant; indeed, no other plays so weighty a part for good or evil in the life of humanity. So powerful for evil as to become the executioner of reason and the corrupter of morals; so powerful for good as to shed joy upon the thorny path of life, to prolong the days of some precious existence. It forms an integral part of the history of humanity, and its fertilizing influence runs through the scale from the hymn to the orgy, from generous enthusiasm to prostration, from the songs which waken a nation to the *delirium tremens* which decimates a whole generation. Blessings and curses which inspired St. John Chrysostom with these poetical words:

"Wine is the work of God.
Drunkenness is the work of the devil."

The individual who attaches weight to names must be sorely perplexed by this array of conflicting testimony. Nay, more, it must be admitted that if names are in the criterion there is a preponderating weight on the side of those who advocate the judicious use of alcohol as a medicine.

The Question of Antiseptics.

The antiseptic (*Listerism*) furor has manifested signs of abatement during the past twelve months. The hopes which its introduction, and the manner of its introduction, incited, have not been universally realized, and a reaction threatens to set in from some quarters— a reaction which may be unfortunate in its extent, for there is no gainsaying the fact that, in spite of the extravagant claims made for it, Listerism has in it an element of truth which should retain for it the distinction of being one of the material improvements in surgery. Human nature is prone to excesses, and surgeons having this nature in common with other men, are in danger of being carried to extremes by the waves of fashion. The history of Listerism illustrates some peculiar traits of human character. On either side are ranged the warmest advocate and the bitterest enemy, and the discussion of the question has been rather more polemical than the scientific search for truth would seem to justify.

A report was recently read before the Clinical Society of London of a case in which excision of both hip joints (?) was performed under the spray by Dr. Croft, of St. Thomas's Hospital. The report seems to have given rise to some warm discussion. Mr. Bryant, in commenting on the paper, implied that far too much was claimed on behalf of the antiseptic method by its adherents; and he further charged the system with being blameable for instigating surgeons to the performance of operations which are intrinsically unjustifiable. The confidence felt in antiseptic dressings, he alleged, led many men to make incisions and exploratory operations in situations where, under the old *regime*, they would not dare to use the knife. He could not, either, sanction the assumption that antiseptic surgery was a modern invention, and thereby drew forth an indignant remonstrance from Mr. Croft. This gentleman demanded to know if dipping a lump of cotton into an antiseptic solution, and swabbing a surface with it, could rightly be termed "antiseptic treatment," and eloquently denounced those who would endeavor to detract in the least from the claims of the founder of Listerism on the gratitude of mankind. This, and this only, he declared, could be held to deserve the confidence of the operator: and then only when every minute detail of treatment as set forth by its originator was scrupulously carried out. It is the glory of the system, he maintained, that it *does* permit the performance of operations impracticable except under its conditions; and, far from being chargeable with evil results, or as inciting to needless interference, it had rendered the alleviation of human suffering possible in innumerable instances where, without its aid, pain and suffering must have been permanently endured.

Other prominent surgeons took part in the discussion, and the opinion of the meeting was rather in favor of Listerism. In commenting on the discus sion, the *Medical Press and Circular*, in which the report appears, says: "It must be admitted that the weight of evidence adduced on this occasion did not tend to prove the unreality of the results attributed to antiseptic surgery, and some surprise may be excused on the part of those who regard the obstinate refusal of some surgeons to accept the apparent force of the arguments deducible from facts. One thing, especially, this discussion made clear: that, namely, the time has fully arrived when it is the imperative duty of Professor Lister to enforce in his own name, the absolute certainty of his method, and add the weight of his personal testimony to the weight of evidence that has within the last few months been laboriously collected by a host of observers to prove the incontestable nature of the truth he has disseminated. We have before had occasion to make this suggestion, and we insist yet more strongly that it is the duty of the eminent professor, who has given his name to the greatest surgical improvement of the century, to vindicate the association, and to silence the opposition that is being continually raised against the universal introduction of the antiseptic treatment of wounds."

Miscellany.

Hypodermic Dram-Drinking.—The hypodermic syringe is, we believe, in more common use among the people than the profession is aware of, and the evils which would naturally be expected to follow the indiscriminate and unintelligent employment of a means so powerful, are beginning to manifest themselves at some quarters and to attract attention. The physiological effects of medicine given in this manner are not yet clearly understood even by the profession, as witness the untoward and unlooked for results frequently reported, and the only wonder is that in addition to the opium habit, which is now so common a result of its use, there are not also numerous fatal accidents. The London *Lancet* in referring to the abuse as it has developed in England says: "Great caution should be exercised in placing instruments of this and analogous kinds in the hands of nurses. Several so-called 'medical' instruments have been brought into common use during the past eight or ten years, but, as we take it, none so dangerous, in partially educated hands as the hypodermic apparatus. It seems so simple, its results are so decisive, and the speedy transition from misery to ease so very complete, that the patient is often too ready to mortgage the future for the sake of the present, ignorant of the fact that, though the practice is comparatively quite recent there are individuals in existence whose lives would in their experience bear a close analogy to those of De Quincy, or any confirmed chronic alcoholist. Slaves to such evils need not be multiplied in civilized society, and it is the duty of our cloth to combat this pernicious practice with all their might, for we have yet to learn in what class of cases, acute or chronic, its unlimited use in unskilled hands and can be held to be unjustifiable."

Gratuitous Services.—The following very interesting letter appeared in the Nov. number of the Canada *Lancet*. We do not of course, reproduce it as bearing directly on the question we have discussed elsewhere, but as of interest in connection with the general subject of gratuitous physician's services: An old physician was asked to assist a young one at at operation in which there was to be no fee. The letter is in reply to the invitation:

"My Dear Doctor.—Yours was duly received, and in reply would give you a few words of advice, at which do not feel offended, being in a friendly spirit, and for our mutual good. Having in a long

time of practice, both from choice and from necessity done a good deal of gratuitous service, amounting to thousands of dollars, I have yet to find a single case where my charity work was appreciated. Those who pay nothing, offset it by liberal abuse, which keeps away those who would pay. The man you write about may be a very worthy man, but if you were making a struggle to build a house, would he or any one else work for you at reduced rates ? It is the doctors themselves who allow their kind feelings to over-run their judgment, that are responsible for the wholesale robbery to which every doctor in the land is subjected. We deal with the most afflicted, so does the undertaker, yet he is not expected to work for nothing. The people who pay are always grateful ; the thieves are like other dead beats, abusive, and always the most exacting and querulous. If the man cannot pay for what might save his life, his friends or the public should. It is easier for the town to shoulder the cost than for two or three poor devils who had the bad luck to study physic. Now or never is the time to put ourselves on a par with other business, aud as we have the same losses, we must ask for the same gains."

Untoward Effects from Medicines. — Facts like the following are useful as showing some of the uncertainties of practice. We have seen very grave reproach laid on the physician through similar unlooked for results following the giving of a medicine, and, in one instance, it required all the tact of the physician's friends to prevent a suit for malpractice;

Dr. A. M. Tupper (Boston *Med. and Surg. Jour.*) reports a case of lumbago in a healthy-looking man. Counter-irritants failing to relieve, nine drops of a solution of morphia sulph., one grain to a drachm of water, with one drop of carbolic acid to keep it, was injected at seat of pain. The patient was relieved in five minutes. In five minutes more he complained of nausea, grew deadly pale, his eyes rolled upwards, jaws set, head retracted, body stiffened, respiration ceased, and pulse at wrist absent. Cold water was dashed on his face. In about a minute the eyes opened widely and the pupils were widely dilated. Color soon returned to the face and he recovered consciousness. Perspiration was profuse and the pulse sixty, full and irregular. The solution was freshly prepared and had been previously injected in another patient, without perceptible trouble. The cause of this trouble is not obvious. It was supposed to arise from idiosyncrasy.

Dr. Penrose (*Hospital Gazette*) reports a case in which teaspoonful doses of fluid ext. of ergot were given to a young lady, aged 17, every six hours, for headache. After three doses the headache was gone, the face was pale, the pupils dilated, the intelligence impaired, the pulse slow, and the feet cold. She had several spasms about the heart, which caused great alarm. Stimulants and anodynes gave relief. This case is remarkable on account of the severity of the symptoms from so small a quantity of the medicine used.

Query on Ozœna.—At a recent meeting of a medical society of Eastern Pennsylvania the subject of ozœna was partially discussed, with the query, what can we do to cure it? During the discussion, it was stated that *locality* acted as an exciting cause and that the cases met with here were very mild ones. Further, that it was only along the shores of the Great Lakes that the disease was met with in its most severe form. Now, will some of the physicians in active practice from these regions tell us, through the medium of your journal, whether they ever effect cures of this disease, without the patient's making a change of residence? If so, what remedies are used, how applied, length of time required for a good recovery, and any other facts of interest that may suggest themselves upon the same topic? —Medicus.

The News has lost a subscriber. In our October 10th number we copied from the London *Lancet* an article on the "Spiritual in Man," the text of which was the late Dr. Tilbury Fox's death bed declaration of faith. Several of our readers taking exception to Dr. Fox's views, have sent in communications setting forth their reasons. We gave space to one of these, but have been obliged for various reasons, some of them inherent in the communications themselves, to decline the rest. Hence a letter, of which the following is the closing paragraph: "We are willing to change a medical journal into a religious one and pay for it, if both the believer and the unbeliever in 'simple faith' can have a voice, but we do not wish to pay for promulgating that which we do not believe." In parting with this subscriber we wish him a happy New Year, and venture to express the hope that, in selecting a journal to take the place of the News, he may find one which will contain nothing which his "simple faith" cannot comprehend.

No. 1 of Vol. I of the Chicago *Medical Gazette* has come to hand. The name of Dr. E. C. Dudley appears as editor. The journal is universally well spoken of by our exchanges, and we are constrained to add our meed of praise. It is, with the exception of the original papers, a purely editorial journal, and in this regard is unique among American medical journals. The first number contains articles from the pens of Profs. Edmund Andrews and S. J. Jones, of Chicago, T. Gaillard Thomas, of New York, and other leading American physicians. The editorials are characterized by a clearness and independence of tone, which promises well for the future. Subscription price, $2 per year. See advertising page 26 for clubbing rates with News.

Dr. Rindfleisch has calculated the rapidity of the reparation of the blood after the menstrual loss, and finds it to be at the rate of 175,000,000 of red globules per minute!

Glancing at the work done by the profession in societies, public institutions, and literature, it is impossible to escape the impression of the paucity of attention bestowed upon the maladies of child-life, and the little interest they seem to arouse. The men who for a time made these diseases a special study have lapsed into silence, if not inaction, and however good the daily work done by the general body of our practitioners may be, the profession is not enlightened by their discoveries, or placed in possession of any improvement that may have been effected in treatment.—*Lancet.*

Dr. John L. Atlee was honored with a complimentary reception on the evening of December 12th at the residence of Dr. J. Marion Sims, in New York. The names of Dr. John L. Atlee and of his distinguished brother, the late Washington L. Atlee, stand highest on the roll of American ovariotomists. The former performed his first operation in 1843, at which time it required no little moral courage to attempt such an operation. He is now in his 81st year, but is still vigorous of body, intellectually active, and in the full tide of practice. Many leading members of the profession of the great city were present to do honor to him from the small Pennsylvania town.

A monument was recently unveiled at Bologna to Luigi Galvani, the great discoverer of animal electricity, and a direct rebuke to the individuals who would fain have made that discovery impossible. Had the anti-vivisectionists, with their sentimentalism, had their way in the days when the Bolognese physicist was working for his discovery, the poor frog would have been spared the pain and the human animal would have endured much that it has since, in consequence, been spared.

The Russians have, it appears, a most simple and efficient remedy for cold feet. It consists in enveloping the foot, outside the stocking, in a large piece of paper before putting on the boot. The air being excluded, the cold is absolutely avoided. It would appear that the *belles elegantes* of St. Petersburgh do not disdain to employ this precaution, but envelope the foot and leg high up.

The *Cincinnati Enquirer* caused a cartridge to be accurately weighed at thirteen drug stores in Cincinnati on the scales used when compounding prescriptions. The results varied from 578 grains to 712 grains, a difference of 134 grains—a trifling discrepancy of only a little over 23 per cent., which is of no account when such innocuous drugs as strychnia and atropine are being compounded for the sick!

Littre, a great French physician, once said, "It is the history of medicine which makes it a science instead of a trade." In fact, a subject without a history is as tame as a river without traditions.—*Whittaker.*

The Old Oaken Bucket—By a Sanitarian:

With what anguish of mind I remember childhood,
Recalled in the light of a knowledge since gained;
The malarious farm, the wet fungus-grown wildwood;
The chills then contracted that since have remained;
The scum-covered duck-pond, the pig-sty close by it;
The ditch where the sour-smelling house drainage fell;
The damp-shaded dwelling, the foul barnyard nigh it—
But worse than all else was that terrible well,
And the old oaken bucket, the mold-crusted bucket,
The moss-covered bucket that hung in the well.

A correspondent of the *British Medical Journal* gives the following to illustrate the value put upon the services of the *two professions* by country guardians: The barber at Barnsby Workhouse receives about £32 per annum for shaving and hair-cutting, and attends twice a week. The doctor receives £70 and attends every day, and throws in all medicines. The other day he asked for an advance in salary on account of the large increase of work (amounting to one hundred and fifty sick daily), and was told by the guardian that his application "was inopportune."

Village Doctor (to grave digger, who is given to whisky)—"Ah, John! I'm sorry to see you in this pitiable condition again!" Grave-digger—"Toots, sir, can ye no' let a'e little fau't o' mine gae by? It's mony a muckle ane o' yours I ha'e happit oure, an' said naething aboot."

Medical Press and Circular: The workingman, as he is represented, is a fraud. He can afford to pay proportionately as well as any other class. We have pauperized him for years, and he now looks upon our public hospitals as his own property, and gratuitous medical advice as a birthright.

Dr. Allman's address before the British Association, as summarized by John Evans. F. R. S.:

"From life to consciousness the chasm
Cannot be bridged by protoplasm,
All flesh is grass, but chorophyll
Can all man's duties not fulfill."

Chlorate of potassium is said to be so largely present in the water of the Dead Sea that a company has already commenced its extraction as a commercial venture. The expense is stated to be 30 per cent. cheaper than by any other process known.

The *Medical News and Library* and the *Monthly Abstract* have combined, and are now issued as one regular monthly journal, with Dr. J. Minis Hays as editor, and Henry Lea, of Philadelphia, as publisher. $2 a year.

Dr. Sœlberg Wells, the famous oculist, died at Cannes on December 2d. Dr. Wells had been in declining health for some months, and his death is said to have been due to an obscure disease of the liver.

"What is it, doctor?" "It's twins." "By Gemini."

The druggist's song—"There's a light in the window for thee."

Book Notices.

A Biographical Dictionary of Contemporary American Physicians and Surgeons. Edited by Wm. B. Atkinson, M. D., Permanent Secretary of the American Medical Association, etc. Second edition. Enlarged and revised. Philadelphia: D. G. Brinton,

The book before us is a work of nearly 800 pages of the size of the News, printed in double column and set in brevier. It contains the biography of upwards of 2,700 physicians of this country "who have visibly and publicly contributed to the advancement of medical science during the present generation." A work of this kind has its uses, and were that before us strictly what it purposes to be, its value would be very much enhanced. We appreciate, however, the difficulties in the way of accomplishing what the author of this attempts, in a country with an area so extensive as ours. The extent to which each of the gentlemen whose (auto) biographies appear, has contributed to the advancement of medicine in this generation must necessarily be left to the gentleman himself. Certain it is, however, that the book contains the names of many whose contributions have scarcely been "visible" or "public" in the ordinary acceptation of the term.

We do not condemn the book, for although not what it should be, it is probably as good as it could be under the circumstances. The edition before us is in some respects an improvement of the first edition, and doubtless as edition after edition shall appear, and as the present generation passes away, the extent to which those who are biographized have advanced medical science will become more and more apparent. The book will thus grow more and more to be such a book as it purports to be. It is an ambitious but not unworthy beginning. Those whose names appear will doubtless purchase it, and as there are 2,700 of them, the enterprising publisher will find the publication a source of profit.

Medical Chemistry, including the outlines of Organic and Physiological Chemistry. By C. Gilbert Wheeler, Professor of Chemistry in the University of Chicago, etc. Second and revised edition. New York: Wm. Wood & Co.

Presuming that the reader of this work shall have acquainted himself with inorganic chemistry as taught in the more recent works, the author of this book plunges at once *in medias res*, sparing the reader the rehearsal of the vast amount of scarcely relevant matter with which book-makers are wont to pad out their efforts. "Organic chemistry is the science of the compounds of carbon," says the author, and the combined conciseness and perspicuity with which he elucidates this science is the feature of the book.

We commend it not only to the student, by which we mean the undergraduate, but also to the practitioner, in whose student days organic chemistry did not receive the attention in our colleges which an intelligent conception of many of the advances now being made, renders necessary.

Paresis of the Sympathetic Centers, so-called Malaria; its Etiology, Pathogonesis, Pathology and Treatment. By Charles T. Reber, M. D. St. Louis: Geo. O. Rumbold & Co.

The aim of this work is to establish the truth in regard to the nature of the derangement of the human organism, usually described under the name "malarial or malarious diseases," "malaria," "palludal poisoning," and "marsh miasm." The aim is a worthy one, and one, too, which demands for its achievement much observation, research and thought. Any one not prepared to devote these to the work owes it to the profession not to impose upon it a book on the subject. Dr. Reber at the very outset, in his preface, complains of "the want of time" and "the cares of heavy professional duties" which have prevented a fuller elaboration. Should these obstacles be removed, he promises at some future period to treat the subject with the completeness which he concedes it demands. This is an unfortunate excuse for an author to make. Men now-a-days are not apt to buy and read a book which at its very outset is handicapped by the confession of the author that it is not the kind of book he himself would like to give.

Notwithstanding Dr. Reber's intimation that he could write a much better book if he had but time and less care, the effort he has made is by no means discreditable. He accepts the idea of a special center somewhere in the sympathetic system, presiding over the regulation of animal heat, the disturbances of which center, by malaria or other causes, is the cause of fever. The various perturbing agents by which this center is affected are considered in detail, and on the whole those interested in this subject (and who is not?) will find this little book of 112 pages to repay a perusal.

Dr. Reber's excuses stand us in good stead for not considering more fully the views he gives us.

The National Dispensatory. Containing the Natural History, Chemistry, Pharmacy, Action and Uses of Medicines, including those recognized in the Pharmacopœias of the United States, Great Britain and Germany, with numerous references to the French Codex. By Alfred Stillé, M. D., LL. D., and John M. Maisch, Phar. D. Second edition, thoroughly revised, with numerous additions. With two hundred and thirty-nine illustrations; pp. 1680; 8vo. Philadelphia: Henry C. Lea.

The second edition of this book appearing within a few months after the first is certainly evidence that the book is in demand. It is such a short time since we noticed it in its first edition that it is scarcely necessary for us to refer to it now at great length. Fifty-two pages have been added since the first addition appeared, and the work now numbers 1680 pages. A work of this size, and edited by men of such acknowledged ability, furnishes both practitioner and pharmacist with a fund of information not to be supplied with such readiness from any other source. The therapeutic index contains nearly 6000 references and is invaluable.

THE PHYSICIAN'S DAILY POCKET RECORD. Comprising a Visiting List, many Useful Memoranda, Tables, etc. By S. W. Butler, M. D. Fourteenth year. Edited by D. G. Brinton, M. D., Philadelphia.

A visiting list is a book which the physician who loves order, and the profit attendant on order, must be possessed of. We believe that there is much loss and dissatisfaction because of the uncertain methods with which many endeavor to substitute the only proper method of the visiting list. The list before us is a good one, and, without intending any invidious distinction, is as convenient as any in the market, and a great deal more so than many. The device of the clasp is ingenious and effective.

SUMMER AND ITS DISEASES. By James C. Wilson, M. D., Physician to the Philadelphia Hospital and to the Hospital of Jefferson Medical College, etc.

HEARING AND HOW TO KEEP IT. By Charles H. Burnett, M. D., Consulting Aurist to the Pennsylvania Institution for the Deaf and Dumb, etc.

EYESIGHT AND HOW TO CARE FOR IT. By George C. Harlan, M. D., Surgeon to Wills' Eye Hospital, etc.

These are three numbers of Messrs Lindsay & Blakiston's American Health Primers. They are intended more particularly for popular reading, but either one of them might be read with profit by the general practitioner. They are furnished at fifty cents apiece, and are well worth the money.

OPHTHALMIC OUT-PATIENT PRACTICE. By Charles Higgins, F. R. C. S., Ophthalmic Assistant Surgeon Guy's Hospital, and Lecturer on Ophthalmology, Guy's Hospital Medical School. Second edition. Price, 60 cents. Philadelphia: Lindsay & Blakiston.

This is a practical little book, and one in which the practitioner, whose time forbids the study of the larger and more elaborate books, will find much to interest and instruct.

POSOLOGICAL TABLES, including all the officinal and the most frequently employed unofficinal preparations. By Chas. Rice, Chemist Department of Public Charities and Correction, N. Y., etc. New York: Wm. Wood & Co.

This is a dose book, presenting some features differing from those with which the profession are already familiar, and on the whole a good companion for those who do not like to trust themselves out alone.

Original Articles.

Neurotomy Optico-Ciliaris—A New Operation in Ophthalmic Surgery.

BY C. J. LUNDY, M. D.,

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Within the past year we have occasionally heard something, on this side of the Atlantic, of a new operation for the relief of sympathetic eye troubles —an operation which, in many cases, it would be desirable to substitute for enucleation. That this operation has been but little practiced here, may be judged from the fact that, as yet, none of our special journals contain anything on the subject, and so far as I am aware, Dr. Chisolm, of Baltimore, is the only one in this country who has written anything concerning it.

Any means which will enable us to avoid the mutilation of a patient (and the removal of a good looking eye is a mutilation), and which will at the same time afford him immunity from sympathetic mischief in the fellow eye, deserves and should receive a fair trial.

Many times it is desirable to remove an eye for the cosmetic effect alone, and in such cases the operation of neurotomy optico-ciliaris is not indicated. There are many instances, however, in which an eye presents a good external appearance, but at the same time its presence is a source of danger to its fellow, and in such cases the section of the optic and ciliary nerves may and should be substituted for enucleation.

The operation which I am about to describe is, so far as I am aware, the first of the kind which has been performed in this part of the country, and I trust the description, with the notes of a case, may prove of interest to some of the readers of the NEWS.

Theresa Labadie, aged 20, came to consult me on Oct. 20th, and gave the following history: Nearly two years ago an ulcer formed upon the left cornea, which perforated that tunic, permitting escape of the aqueous humor and prolapse of the iris. From that time till the present she has had more or less irritation, pain and inflammation in the eye, and occasionally an outbreak of a severe character. Marked ciliary injection, slight pain, reduced ocular tension and ciliary tenderness are present, and indicate the existence of a chronic irido-cyclitis. Almost the entire pupillary margin is attached to the cornea at the site of the former ulcer, and the eye has only perception of light. For several months she has suffered from sympathetic irritation of the fellow eye, but for the past two months the sympathetic trouble has been of a more aggravated character. For nearly two weeks the right eye has given her so much trouble she fears total blindness. Upon examining the right eye, a small ulcer of the cornea is observed, which makes it impossible to determine how much of the trouble is due to sympathetic irritation. Under treatment the ulcer healed kindly in about one week. At the end of the second week there was still present irritation in the right eye, and I advised an operation as the only sure means of getting rid of the trouble and insuring the safety of the fellow eye. About ten days later, or more than three weeks after first consultation, she obtained permission to have an operation performed. In the meantime the irritation in the right eye had become more severe, and while she

rejected enucleation she was willing to submit to any other operation which would save her "from blindness." On Nov. 13th, the patient being under chloroform, I operated as follows: An incision was made through the conjunctiva and sub-conjunctival tissue one-eighth of an inch from the sclero-corneal junction and over the insertion of the internal rectus muscle. With a strabismus hook the muscle was caught up and a silk thread was passed through it in order to keep the muscle within easy reach after its division. The tendon was now divided within a line of its ocular attachment, and the conjunctiva was freely dissected up from the sclerotic with the scissors. The ocular end of the tendon was now seized with a forceps, in the hands of an assistant, and the eyeball was rotated forcibly outward towards the temple, by which means the optic nerve, ciliary nerves and vessels were brought well to the nasal side. A long, well-curved enucleation scissors was then introduced close to the eyeball, and carried around to its posterior pole, and the optic nerve and ciliary nerves and blood vessels, which enter the eye at the back, were entirely and completely severed. Immediately after section of the nerves and blood vessels the eye bulged forward nearly out of the orbit, and a free escape of blood followed the withdrawal of the scissors. The flow of blood was much increased by the straining of the patient while vomiting. The eye was now turned back into place, the cut ends of the internal rectus tendon were stitched firmly together, a compress bandage was firmly applied, and frequent applications of cold water were ordered.

A marked degree of exophthalmos was present, and, to say the least, the cosmetic effect was not very imposing. After recovery from the chloroform, she complained of much pain, and morphine, in ¼ grain doses, was ordered. Visiting the patient five hours later, I found her suffering considerable pain and complaining much of nausea. Changed the dressing and used dry lint and compress bandage, and ordered morphine, q. s., to relieve pain. Next day she was much easier, but not entirely free from pain. Lids and conjunctiva considerably swollen, and under lid echymosed. Exophthalmos not diminished. Nov. 15th (second day after operation), she is quite free from pain, and slept well during the past night. Chemosis increased, and discoloration extending down upon the cheek, which is somewhat swollen. Nov. 16th, condition much the same. Some secretion of a muco-purulent character. Ordered greased cloth with slight compress, and allowed her the use of the right eye, which had been tied up since operation. Nov. 17th, ciliary injection of right eye has disappeared, and bright light no longer causes any trouble. No pain in either eye. Chemosis still very great, particularly about the sutures, which evidently cause much irritation. Nov. 20th, removed sutures from internal rectus. Chemosis and exophthalmos much reduced; echymosis and swelling of under lid, and cheek much diminished; motions of the eye tolerably good in all directions; slight diverging squint, probably due to swelling at inner angle of the eye; no pain in either eye. Nov. 24th, patient came to my office for the first time since the operation. The swelling of the conjunctiva and the exophthalmos are fast disappearing, and motions of the eye are natural in all respects. Instillations of eserine sulphate were begun, with a view of hastening the removal of conjunctival swelling and promoting absorption of the extravasated blood through its action on the vessels. From this date improvement went on steadily, the eye continuing free from pain, and the right remaining perfectly free from all irritation. Dec. 6th, exophthalmos and swelling of conjunctiva have entirely disappeared, the eye is quite straight, and, save some conjunctival hyperæmia, nothing remains to indicate that any operation had been performed.

The operation has been a complete success, inasmuch as it has fully met the indications for its performance, and leaves the patient free from the dangers which threatened her with total blindness.

Time will enable us to judge more fully and correctly of the merits of this operation, for there is a possibility that the ends of the divided ciliary nerves may unite again, thereby establishing a sympathetic connection which might expose the patient to the dangers which threatened her previous to the operation. This union has occurred after section of other nerves, but on account of the pressing apart, and more or less bruising and turning aside of the ends of the nerves by the large blood clot, which must have formed at the time of operation, it is not probable that direct union of the nerves will ever become established.

By substituting this operation for enucleation, a good looking eye may often be saved, and the patient may be relieved of the annoyance, trouble and expense of an artificial eye, which, however good it may be, will prove a poor substitute for a natural-looking one, capable of motion in unison with its fellow.

52 Lafayette avenue, Detroit.

A Case of Œsophagotomy.

BY THEODORE A. M'GRAW, M. D.,

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Cases of œsophagotomy are sufficiently rare to warrant putting on record.

Dr. S. P. Duffield, of Dearborn, sent a case to me last May which he had diagnosticated as one of obstruction of the œsophagus, due to the impaction of a foreign body. The trouble had originated four months before, when the child, then sixteen months old, had swallowed the irregular pewter knob from off the top of a teapot. Numerous physicians had

been consulted since the accident and had expressed a variety of opinions, but none of them had taken efficient measures for her relief, notwithstanding the development of very serious symptoms. She had from the very beginning been unable to swallow solid food, and had gradually grown thin and feeble. Her worst local symptoms, however, were a constant cough and the expectoration of immense quantities of muco-purulent matter. Loud mucous rales could be heard all over the chest, but percussion revealed no solidification of the lungs. I found that all bougies were arrested at a spot about an inch below the sternum.

I operated on the child on May 31, 1879, assisted by Drs. Duffield, Laferte, Shurly, and others. I cut down upon the œsophagus on the left side of the neck, pushing the larynx and trachea to the right and the large blood vessels and nerves to the left. Carefully avoiding the recurrent laryngeal nerve, I exposed the œsophagus. A large-sized gum bougie was passed through the mouth into the œsophagus and made to project against the wall. An incision made upon it opened the tube without danger or difficulty. This orifice was then enlarged and the little finger passed through it and down the œsophagus, when the knob could be plainly felt an inch below the top of the sternum. It was, however, firmly impacted and was removed with difficulty with a strong pair of grasping forceps. As it was dislodged and withdrawn, air bubbled up from the wound, and it was thought, both on that account and because of the evident bronchial complication, that the trachea might have been perforated by ulceration. This view seemed confirmed when the child afterwards, on coughing, ejected particles of food from the mouth, but the subsequent post mortem examination showed no traces of such perforation, and made it necessary to account for the symptoms on other grounds.

The wound was left open and the little one fed from the very first by the mouth—the milk, beef tea, gruel, etc., came through the orifice, indeed, if no measures were taken to prevent it, but pressure upon the edges of the wound forced most of it to pass down into the stomach. The cough and expectoration soon subsided; the child gained in strength, the wound healed rapidly, and towards the end of June the mother left the hospital. The wound was then nearly well, and the child could swallow without difficulty all kinds of food. I neglected to say that she had suffered from summer complaint before the operation, and during her residence in the hospital I had not been able to control it. This continued to grow worse after the mother had gone into the country, and finally caused the death of the child on July 10. The wound had then apparently healed, and, as far as the throat trouble was concerned, the patient was well.

I, unfortunately, was not able to go to the post mortem, which was made by my student, Mr. Brice. I afterwards examined the trachea and œsophagus, which he removed and brought with him, and found that the external wound had altogether closed, but that the œsophagus had not yet quite healed within. There was no trace of the old irritation, caused by long-continued presence of the knob either in the œsophagus or trachea, and I was forced to conclude that the tubes had never been perforated. The cough had, doubtless, been caused by the continued irritation of the pneumogastric branches which supplied the œsophagus, an irritation which did not subside immediately on the removal of its cause.

Notwithstanding the death of the child, the operation must be regarded as a success. The child undoubtedly lived longer than it would otherwise have done. The difficulty of deglutition and the bronchial irritation were entirely relieved, and the wound, at the time of death, was virtually healed.

In conclusion, I will say that the operation of œsophagotomy, for the removal of foreign bodies, is a very easy one, and, in fact, cannot be compared in point of difficulty with tracheotomy. The bougie passed through the mouth, affords a guide upon which the surgeon may safely cut. I need not say that it would be otherwise if the operation were performed for stricture of the tube. The œsophagus would then have to be opened without a guide, and yet, even then, the anatomical relations are so plain that one could hardly go amiss. In no case ought a child or adult to be allowed to die unrelieved when so simple an operation could save life.

Rubeola—Clinical Lecture.

BY C. C. YEMANS, M. A., M. D.

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Rubeola is, for the most part, a disease of childhood. Usually the first attack exempts the patient from future contagion. Generally the diagnosis is not difficult, yet there is a stage in the development of major exanthemata when differential diagnosis is very difficult if not impossible. Rubeola has a well defined natural history, which is not changed by the exhibition of remedies. I do not refer to complications attending its course.

This autumn and winter, so far, rubeola has been a guest at nearly all homes. When we have an epidemic, and are daily observing symptoms, for instance of scarlatina, one may relax his vigilance, and at the first appearance of an eruption, hastily diagnose scarlatina, borne along by the general appearance common to many diseases. Often one regrets this hasty classification, and is caused to suffer from chagrin, if nothing worse.

I was called, during the evening of Dec. 28th, to see Miss G., aged 30, and a patron of mine. She is by profession a seamstress. Pulse, 95; temperature, 100° F. She complains of general discomfort; had

a slight chill about 2 P. M.; no rigor; thirst, cough; respiration unsatisfactory; feeling of construction around the chest; no dyspnœa; no coryza Anticipating malarial trouble, I ordered quinia and dover. Called early next morning (29th); found patient in bed; condition much the same as at my first visit. Careful auscultation gave no indications of pneumonitis or pleuritis, but the same uneasy respiration subjectively; ordered magnesia citrate. Found at my evening call patient had vomited often; had intense backache over sacrum; tongue white; pulse, 95; tempterature, 101° F.; very restless and apprehensive. I still withheld my diagnosis, *i. e.*, had none; ordered lime water to correct nausea. 30th, 8:30, patient has passed an unpleasant night, having suffered from nausea and insomnia; backache more intense. Her face is covered thick with maculæ (eruption); the color is like rubeola; sense of feeling reveals no papules at this visit; no eruption on hands or arms. Miss G. had rubeola when a child; diagnosis rubeola; 8 P. M., all unpleasant symptoms continue; eruption on hands and wrists; one vesicle on wrist; face odematous; eyes closed; pharyngeal cough; voice natural; nausea. No variola, yet I was troubled, for my vision (sense of sight) pronounced this a case of variola, while my sense of touch held me to my diagnosis. Gave tr. opii. camph. 12 o'clock M., no papules, yet the face had a corrugated appearance from excessive œdema. Usually I am able, by inspection, to find vesicles on the wrist quite early, or to discover, by touch, papules on either side the nose in variola. Pain in back very severe; nausea.

On account of the family, where my patient was detained, I passed a day of great solicitude, such as I have seldom experienced. At 4 P. M., a gentleman who had served me in a variola hospital, some years since, called on the family, and seeing my patient pronounced this small-pox, which I had been nearly ready to do on my two former visits. The family was in a condition of great alarm, so when I called at 6 P. M. I passed to my patient's apartment with some anxiety. Face yet swollen; no erysipelas, and discolored beyond recognition; no papules. Adhered to my diagnosis, which the family was kind enough to accept as conclusive, and my friend to approve. January 1st, 8 A. M., all symptoms much abated; patient slept some during the night. Ordered milk and lime water, which is retained. From this time on convalescence was rapid and complete.

I have recited this simple history to remind you: 1st. This was the second course of rubeola for the patient. 2d. To show the importance of including all the symptoms (*toute ensemble*) before making or changing a diagnosis. 3d. To enforce the necessity of the education of all one's senses in diagnosis, especially in skin diseases.

The appearance of my patient in bed was that of confluent variola, but to the senses of touch and smell it was not. My friend who had been with me in treating more than one hundred cases of variola, had trusted to his sense of sight alone.

Selections.

Some Practical Hints in the Local Treatment of Skin Diseases — Dr. John V. Shoemaker, in a paper read before the last meeting of the Pennsylvania State Medical Society, calls attention to some points in the treatment of skin diseases which seem to be worthy of note. As an application to old eczematous patches which require stimulation and for removing crusts and scales in seborrhœa and pityriasis, he has used with great success a soap of the following composition: One and a half ounces of olive oil and oil of theobroma, two drachms of powdered German chamomile flowers, one drachm of precipitated sulphur and a sufficient quantity of caustic soda to saponify.

Under certain conditions he regards the oleates as superior applications to soaps. The more active solvent powers of oleic acid make it preferable to the bases of most ointments. Oleates also do not decompose like ointments and are thus less likely to act as irritants to the skin; they also penetrate more deeply into the tissues and from their liquid condition they are better suited for applications over the scalp, the beard, the axillary and pubic region, or any hairy part of the body.

Mr. Marshall refers to the powerful action of the oleates of morphia and atropia in allaying pain and irritation, and also to the advantage of employing the oleate of mercury in sycosis, chloasma, prediculi and syphilitic affections. Dr. Shoemaker has found the oleate of atropia (one grain of atropia to the ounce of oleic acid), to exert a marked influence in arresting the abundant secretion of seborrhœa and in subduing high imflammatory action in some cases of erysipelas. He has found a ten per cent. solution of the oleate of mercury with the addition of a small quantity of olive oil, and scented with some essential oil, to be an invaluable application for general thinning and loss of hair. Brushed over the scalp in this condition it produces both a tonic and alterative effect on the part.

He regards friction as a valuable but much neglected antiphlogistic, which by stimulating the part so that any impediment in peripheral circulation may be aroused and thus promote the removal of effused material. That it is capable of doing an immense amount of good is certainly apparent when the scalp is rubbed and brushed in thinning and loss of hair. The active friction in a diseased state arouses the sluggish circulation and adds tone and vigor to the scalp and hair; similar effects are observed when friction is made over the skin in which the pigment is in excess, or deficient in quantity. In indurated

acne also, and in glandular swellings of the skin, friction has been found of great service.

A practical knowledge of *compression*, is of great service, and should receive more attention from the active practitioner in the treatment of cutaneous diseases.

The means usually made use of for compression are the common muslin and gum bandages, and plasters. Compression when employed in this manner soothes muscular irritation, tones up the dilated capillaries, and prevents the escape of serosity into the tissues. It will be found that these effects are not by any means the only benefits that are realized from compression. It will also be seen that it will enable the vessels to remove poured-out fluids, protect denuded surfaces, and exclude the air which is very stimulating to inflamed and irritable parts, and so moderate diseased action. The treatment of cases of chronic eczema of the leg, in which the surface is livid and covered with ulcers, by a muslin bandage will afford a satisfactory example of the efficacy of this method. In a short space of time, after using the above means, the excessive irritation and congestion disappear, and the ulcers promptly take on a healthy condition. On the other hand, experience has verified the fact that the gum bandage is more elastic and is always to be preferred when it can be procured, on account of the equable pressure that it makes over the whole limb. The bandage will also have a similar effect on other chronic and inflammatory conditions of the skin, by the systematic pressure that it produces.

Compression can likewise be made with plasters, and they can be either simple or medicated. The common adhesive plaster, however, usually answers all purposes, although opium, belladonna, mercury, soap, pitch, or other medicinal substances can be used when necessary. The beneficial influence of plaster cut in strips and applied to the surface is most strikingly evinced in eczema of the lips. The mucous surface in this disease is torn open with every movement of the lips, and all the lotions, ointments, and powders will not soothe the muscular irritation and heal the parts until they are protected, and placed at rest. In order to accomplish this purpose, adhesive strips can be made to encircle, and allowed to meet posteriorly at the nape of the neck. In this manner the movement of the lips is controlled, the raw surface protected, the irritation soothed, and the disease promptly and effectually arrested. In removing the adhesive strips, in cases of this description, care should always be taken to detach both ends and draw gradually to the centre ; otherwise, the mucous surface may again be torn open.

Compression made in a like manner is admirably adapted to the treatment of that variety of dry and cracked eczema that attacks the hands and feet. If the adhesive strips in this condition are wound around the hands or feet, the muscular action on the inflamed surface will be arrested, the parts protected, and with the addition of appropriate internal treatment the most obstinate cases will rapidly recover. The same end may be obtained in fissures of the hands, by having India-rubber gloves made which will fit nicely, and so make equable compression. The employment of this agent, twelve hours during the day, not only makes suitable compression, but protects the hands from the many irritating substances with which they daily come in contact A certain amount of care should be exercised in using compression, in order to prevent making too much pressure on the part, and thus arresting the circulation. It should always be applied so as to support, protect, and place the tissues at rest.

Local depletion by puncture of inflamed parts with a knife and stimulating the flow of blood with hot poultices is a useful means. It relieves capillary stasis and stimulates absorption. It has been especially useful in the pruritic troubles of old age.

Pyrexial Effects of Constipation.—It has for a considerable time been noticed, as a clinical phenomenon, that there is a certain amount of relativity manifested in some cases between the height of temperature and the absence of alvine evacuations. This is more especially to be remarked in certain cases of a chronic or cachectic nature, which one notices now and then, in which there has been, antecedently, a fairly normal or perhaps a slightly sub-febrile course of temperature, and then we are all at once surprised by an episodal increase of perhaps 4°, or even it may be 5°, without any other accountable causal condition other than inactivity of the bowels. I have most frequently noticed this incidental rise in the case of females, generally verging on the climacteric. On administering a cathartic, the kind of which seems to be immaterial, the temperature immediately returns to its former level.

Wunderlich states that after this fall there is usually a considerable amount of reaction, and that there may be even a fresh rise surpassing the former elevation. This, however, as far as I have had experience, is on the contrary rather exceptional.

Conversely, it is also known that profuse catharsis exercises a depressing influence on the temperature, as may be instanced in critical diarrhœa, in cholera, etc. The condition of the bowels thus seems to exercise some pyro-genetic influence on the system generally, either in a mediate or in a direct manner. But the mere retention of heat which would have been eliminated through the evacuation of the bowels, would hardly exercise so potential an effect on the temperature of the system at large. Wunderlich estimates the loss of heat from urinary and fæcal evacuation (taken together) as only from 1 to 2 per cent. But may not

this hyper-normal heat-production be explained in some manner satisfactorily, by regarding the non-evacuation as an index (so to speak) of the condition of the whole alimentary tract, which is in a condition of lethargy. And inasmuch as this considerable surface is in a semi-quiescent state, a large portion of its normal blood current will be divested into other channels, where the tissue changes will be more active, in this way substituting nutrition and metabolic activity for the relatively less heat-producing activity of osmosis. That this rise of temperature is not a concomitant of all cases of constipation, may be explained by the supposition that in the majority of cases the heat regulating factor comes into operation, and is able to set in action sufficiently active compensatory processes for the due elimination of the overplus of heat.—Frederick Barnes, M. R. C. P., in *Medical Press and Circular*.

Benzoate of Sodium as an Antiseptic. — The somewhat sensational accounts connected with the recent use of this article in Germany induces us to give the following from the *Medical Times and Gazette*, which that journal gives under the caption, "The Story of a New Remedy:"

A few weeks ago there appeared in the Wiener *Medizinische Presse*, No. 37, a "preliminary note" on the use of inhalations of benzoate of sodium in phthisis. The writer, Dr. Kroczak, announced that in Professor P. Von Rokitansky's clinic at Innsbruck, of which he is the assistant physician, most wonderful results had been obtained from them even in most advanced cases; in fact, three such were described, in which patients with large cavities, high fever, and in a state bordering on the moribund, were discharged in a month or two as "cured," with great gain of weight, and disappearance of the physical signs of cavities. The solution of benzoate used was one of five per cent. strength, but no details as to the mode of administering the inhalation, or as to the daily period of using it, were supplied. A few days later, private inquiries, and, later still, a letter from Kroczak himself to an eager patient elicited the information that the solution was to be inhaled as spray pulverized by a Seigle's apparatus, for an hour morning and evening. At the same time the patient was to have plenty of fresh air, good meat (one effect of the benzoate being to greatly increase the appetite), and freedom from all depressing influences. The news of the wonderful discovery at Innsbruck spread far and wide in Vienna, and the demand for benzoate of sodium and Seigle's pulverizers soon exceeded the supply. The drug has now been largely tried, not only in the General and other Vienna hospitals, but also by family doctors among the sadly numerous class of consumptives in that city, and the Wiener *Medizinische Wochenschrift*, from whose pages much of our present information is derived (see Nos. 39, 40, 41, 43, 44, 1879), affirms as the outcome of all this *furore* that all these experiments "*have failed to yield the slightest favorable result, or a trace of even the most trifling diminution of dangerous symptoms.*" (The italics are those of the paper we quote from.) On the other hand, public opinion in the Austrian medical world has become greatly excited against Professor Rokitansky, first, because he has given his silent support to what it considers the inaccurate statements of his assistant, and secondly, because it regards him as playing the part of a charlatan by taking advantage of the credulity of the lay public, and making capital out of what the doctors consider very like a swindle. This feeling of indignation has led Professor Albert, of Innsbruck, a colleague of Rokitansky, to challenge him to a public demonstration of his cases before the medical profession of that town, and has even extracted a cry of "*amoveatur*," or "Let him be removed from his chair," from the editor of the *Wiener Medizinische Wochenschrift*.

Nevertheless, in spite of this outcry, there is reason for believing that inhalations of benzoate of sodium may arrest septic processes (and there is no doubt that the later stages of phthisis are accompanied with, or dependent on, septic processes), in the lungs. Dr. Schüller, of Greifswald (*Archiv für Exper. Pathologie*, Band xi., Heft 1, 2), has recently shown that if rabbits are rendered tuberculous by making them imbibe, through a tracheotomy-wound, caseous or scrofulous matter, or the bacteria which Klebs has obtained by cultivating infusions of such matter, the diseased process can be arrested by making the animals inhale either the benzoate solution or creasote water for a lengthened period. If two rabbits of the same age and weight are treated, the one with inoculation alone, the other with inoculation *plus* inhalation, the latter rapidly gains weight and recovers its health, the former falls away and dies. Moreover, Dr. Schüller, in a modest letter published in the *Wiener Med. Woch.*, No. 40, referring to these researches and to their application to the treatment of human phthisis, declares "that we have also in Greifswald been able to convince ourselves repeatedly of the extraordinary good results of the use of the drug in men."

Treatment of Hepatic Calculi.—Dr. T. H. Buckler, in referring to Dr. T. G. Thomas's enumeration of the operation of cutting into the gall-bladder as one of the recent surgical triumphs, asserts that such a procedure is unwarrantable. Cholesteric gall-stones can always be dissolved away by large doses of chloroform, especially if combined with succinate of iron. The latter agent also may alone accomplish the desired solution and effect a cure. In Dr. Buckler's last three cases, treated successfully, he gave ten drops of chloroform every four hours, and a teaspoonful of

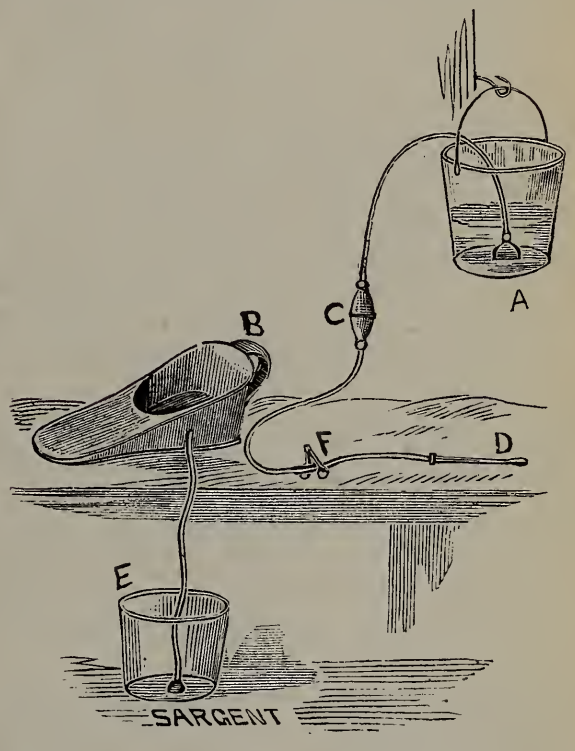
Stewart's hydrated succinate of the peroxide of iron half an hour after each meal. He has sometimes given a teaspoonful of chloroform every six hours, without causing any bad symptoms and with the result of a cure within a week. The succinnate of iron contains, according to Dr. Buckler, more nascent appropriable oxygen than any other known therapeutic agent, and is one of the best ferruginous preparations, apart from its solvent powers on gall-stones. It is better than nitric acid in affections of the liver. Chloroform, we are told, on being swallowed, passes into the acini of the liver, then with the bile to the gall-bladder, where it dissolves the gall-stones with the inexorable certainty of mathematics. Dr. Buckler's experience with ether and with the various mineral waters has led him to consider them of no value in this trouble.—*N. Y. Medical Journal.*

THE HOT-WATER VAGINAL DOUCHE.—CERTAIN REASONS WHY ITS USE IS GENERALLY FOLLOWED BY FAILURE AND DISAPPOINTMENT.—In uterine therapeutics the value of the hot water vaginal douche is perhaps greater than that of all other topical applications combined, its use is perhaps more nearly universal; yet so inefficiently is it ordinarily applied, that in the large majority of cases it does little or no good. Ordinarily the choice of syringe, the frequency of the douche, the time and length of each application, the temperature of the water, the proper use of the bed-pan, the position of the patient, the persistence in long continuance of the douche, all essential to good results, have been ignored or neglected, if not by the patient, then, as is more frequent, by the doctor. Of such neglect, the legitimate results are failure and disappointment.

Emmet, who many years ago introduced the hot vaginal douche to the profession and predicted its success, directs that the Davidson's syringe be used, and says that its remittent current has an alterative influence which cannot be obtained from the constant current of the fountain syringe. This is probably true, but unfortunately the use of this syringe requires the aid of a nurse. It is in the majority of cases, therefore, ruled out, and we are thereby compelled to devise some other plan which the patient may employ without aid, or dispense with the douche entirely. It is a subject of regret that Dr. Emmet, in his recent work on the Principles and Practice of Gynæcology, appears to rate the value of the constant current so low that relatively it seems of little account when compared with the remittent current of the Davidson or other valvular syringes which the majority of patients either will not or cannot employ.

All patients, including Emmet's, at the Woman's Hospital, in the State of New York, are treated with the constant current douche, with satisfactory results, and what is true at the Woman's Hospital may be true elsewhere. The fountain syringe, quite generally used for the vaginal douche, requires no assistant, and is easily managed by the patient, but it is nearly useless, since, on account of its small size, it requires re-filling several times during each application. The common bed-pan is open to a similar objection, since it requires to be emptied several times during each application.

The accompanying diagram shows a device known as Lord's * douche, which is free from both of these objections. It consists of a bucket A, suspended on a hook about four feet above a couch, on which rests the bed-pan B. This bucket should be large enough to hold two or three gallons of water; a soft rubber syphon, A, C, F, D, having at A a weight heavy enough to retain that end of the syphon in the bottom of the bucket A, an ordinary soft rubber syringe bulb at C, a device for shutting off the current at F, and a female syringe tube at D. Another rubber tube is attached to an opening in the bed-pan and leads to another bucket E.



Directions.—The bucket A to be filled with water of the proper temperature and the shut-off at F closed, the patient to be placed upon the bed-pan in the proper position, the tube D to be inserted into the vagina as far as it will pass, the bulb C to be compressed once or twice and the shut-off F opened. Then the water will flow through the syphon without compression of the bulb, fill the vagina, overflow into the bed-pan and pass thence into the bucket on the floor below. Commonly, it may be more convenient to place bucket A upon a shelf than to suspend it. The couch should be of some unyielding material, otherwise the bed-pan will settle so low as to prevent the drain of water into bucket E. The

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* Dr. F. H. Lord, Plano, Illinois. This engraving is furnished by Messrs. E. H. Sargent & Co., Chicago.

essential features of this device are mainly indicated in a disconnected manner in Emmet's Principles and Practice of Gynæcology, but to Dr. Lord is due the credit of giving it more practical form.

The following is designed to impress the importance of strict observance of detail in the application of the douche, since in no other manner will its good effects be realized :

Ordinary method of application.	*Proper method of application.*
I. Ordinarily the douche is applied with the patient in the sitting posture so that the injected water cannot fill the vagina and bathe the cervix uteri, but on the contrary returns along the tube of the syringe as fast as it flows in.	I. It should invariably be given with the patient lying on the back, with the shoulders low, the knees drawn up and the hips elevated on a bed-pan, so that the outlet of the vagina may be above every other part of it. Then the vagina will be kept continually overflowing while the douche is being given.
II. The patient is seldom impressed with the importance of regularity in its administration.	II. It should be given at least twice every day, morning and evening, and generally the length of each application should not be less than twenty minutes.
III. The temperature is ordinarily not specified or heeded.	III. The temperature should be as high as the patient can endure without distress. It may be increased from day to day, from 100° or 105° to 115° or 120° Fahr.
IV. Ordinarily the patient abandons its use after a short time.	IV. Its use, in the majority of cases, should be continued for months at least, and sometimes for two or three years. Perseverance is of prime importance.

The sitting posture is especially objectionable for another reason. It favors pelvic congestion by force of gravity, while the dorsal position utilizes this force during the application of the douche.

A satisfactory substitute for the bed-pan may be made as follows : Place two chairs at the side of an ordinary bed with space enough between them to admit the lower bucket ; place a large pillow at the extreme side of the bed nearest the chairs, spread an ordinary rubber sheet over the pillow so that one end of the sheet may fall into the bucket below in the form of a trough. The douche may then be given with the patient's hips resting on the pillow and with one foot on each chair ; the water will then find its way along the rubber trough into the bucket below.—*Dr. E. C. Dudley, in Chicago Medical Gazette.*

Injections of Solution of Morphia to Allay Urethral and Vesical Irritability.—Dr. Reuben A. Vance, a Cincinnati surgeon, is rapidly acquiring a reputation in the operation of lithrotity. It is said that his exceptional success in the performance of this operation has already earned for him the confidence of the profession of the Ohio Valley. In his recent paper, read before the Tri State Society, at Evansville, is a suggestion that deserves notice. Dr. Vance says that he has succeeded in reducing urethral and vesical irritability by employing strong solutions of the sulphate of morphia. In urethral hyperæsthesia a penis syringe was used, and a half ounce of an aqueous solution (20 grains to the ounce of water) of the sulphate of morphia was thrown into the urether, and there retained for a few moments, its rejection being at once followed by a catheter, through which it was possible to inject more of the solution directly into the cavity of the bladder. As soon as the anodyne was thrown into that organ one of the two compartments of the double catheter was connected with a fountain syringe, and the vesical cavity was instantly flooded with warm water, thus obviating any danger of absorption from the mucous lining of the bladder. Not only did this method succeed in allaying urethral and vesical hyperæsthesia, but by closing with the finger the compartment of the catheter, through which water escaped from the vesical catheter. After washing out the morphine, Dr. Vance succeeded in dilating the hitherto contracted bladder, and by repeating the process a few times was enabled to restore the retaining power of the bladder to the degree necessary for measuring and otherwise examining the calculus, which was the origin of all the trouble, without being compelled to inject any fluid.—*Chicago Medical Gazette.*

Effects of Tea on the System.—1. With tea, as with any potent drug, there is a proper and improper dose.

2. In moderation, tea is a mental and bodily stimulant of a most agreeable nature, followed by no harmful reaction. It produces contentment of mind, allays hunger and bodily weariness, and increases the incentive and the capacity for work.

3. Taken immoderately, it leads to a very serious group of symptoms, such as headache, vertigo, heat and flushings of body, ringing in the ears, mental dullness and confusion, tremulousness, "nervousness," sleeplessness, apprehension of evil, exhaustion of mind and body, with disinclination to mental and

physical exertion, increased and irregular action of the heart, increased respiration.

Each of the above symptoms is produced by tea taken in immoderate quantities, irrespective of dyspepsia, or hypochondria, or hyperæmia. The prolonged use of tea produces, additionally, symptoms of these three latter diseases. In short, in immoderate doses, tea has a most injurious effect upon the nervous system.

4. Immoderate tea drinking, continued for a considerable time, with great certainty produces dyspepsia.

5. The immediate mental symptoms produced by tea are not to be attributed to dyspepsia.

In the above experiment upon myself, the whole group of symptoms was produced, with no sign of digestive trouble superadded.

6. Tea retards the "waste," or retrograde metamorphosis of tissue, and thereby diminishes the demand for food.

It also diminishes the amount of urine secreted.

7. Many of the symptoms of immoderate tea-drinking are such as may occur without suspicion of tea being their cause; and we find many people taking tea to relieve the very symptoms which its abuse is producing.—*Journal of Mental and Nervous Disease.*

Double Vagina and Cervix Uteri.—Dr. W. R. D. Blackwood (*Phil. Med. Times*) reports a case of a virgin who had two moderately capacious vaginæ and two opening into the womb, that on the right side at an angle of about ten degrees, that on the left at twenty degrees, each pointing outward to right and left. Each cervix was normal in shape and size, and patulous to the os uteri. The body of the uterus seemed to be normal in shape and size. It was freely movable and not tender. The right cervix was dilated and the sound entered to the fundus two and a half inches. The left cervix was afterwards dilated and the sound indicated two and three-fourths inches, a difference of quarter of an inch, due, probably to the elongation of the cervix from dilatation. A complete septum divided the cavity of the womb. This lady was regular but at alternate months there was considerable pain, which was always on the left side. Careful examination during the menses showed the flow to be unilateral and from different sides each month, except once, during thirteen months' observation.

A Catarrh Cure.—When people get a cold on the chest, as they call it, among other good things are prescribed the wearing of a respirator when out of doors, and, when at home, balsamic inhalations or sprays.

I should think both things combined—a medicated respirator, so to call it—would be a decided improvement. Let the respirator be soaked or sprinkled with the same balsamic mixture which patients are ordered to use indoors as inhalation. When they use the respirator, prepared as above, away from home, the air which they inhale will always be charged with the vapors of the inhalation, although in a less degree, and in this way their air-passages will be continuously under treatment and consequently recover so much the quicker.

I got this idea from personal experience. Having a heavy cold in the head, I got a bottle of Hager's Olfactorium anticatarrhoicum (see below) with addition of a little essential oil of cubebs. This bottle I carried in my upper waistcoat pocket; the stopper came off and the contents were spilled on my clothes. Wearing the same clothes, I was constantly enveloped in a balsamic atmosphere and got completely rid of my cold and accompanying hoarseness in four days; ordinarily it takes a couple of weeks.

Olfactorium anticatarrhoicum.

Acid carbol. pur	5	parts.
Alcohol	5	"
Aq. ammon	6	"
Aquæ	10	"

A few days after being mixed it turns bluish-black (through formation of aniline) and acquires a more disagreeable odor; the best way to make it is to dissolve the carbolic acid in alcohol by itself in one bottle, and the diluted ammonia in another bottle. When using, pour from each bottle a few drops into a tumbler or cup, shut the eyes and inhale the vapor through the nose and mouth; it is smarting at first, but one soon gets used to it. The quantity of the ammonia may, of course, be decreased.—Hans M. Wilder, in *New Remedies.*

Intra-Uterine Medication.—The following by no means new, but, withal, very convenient, method of making intra-uterine applications, is called attention to by Dr. Wallace in the *Medical Press and Circular:* Cut the end off a flexible No. 10 catheter, pass the wire stilette through it, and make a knob on the end of it with wax and cotton wool which will just cover the end of the catheter; then push up the stilette about an inch and a half and roll cotton wool round it, and dip it in the solution to be applied (carbolic acid and iodine are excellent) and draw it within the catheter—so that the knot just covers the end, give it a bend like a uterine sound, and pass it up to the fundus of the uterus; then draw the catheter down the wire. This, of course, brings the medicated cotton wool in contact with the uterus through its whole length. After leaving it for a minute or two, it can be withdrawn. The speculum is not needed.

Hernia from Sneezing.—The St. Louis *Clinical Record* reports a case in which a patient, while sneezing violently, felt something give way in her right groin. Soon after, on experiencing intense

pain, an examination revealed a tumor at that point. The tumor proved to be strangulated, and, failing at reduction through most assiduous efforts by taxis under chloroform, an operation was resorted to by Prof. Baur. After the method of Mr. John Gay, of London, the incision was made at the internal aspect of the hernial sac, that being nearest to Gimbernat's ligament, where the strangulation is generally produced, which, indeed, proved correct in this case. A Bouvier blunt-pointed tenotone was used to relieve the constriction. Instead of using satures the wound was filled with cotton for the purpose, as averred, of producing a deep and firm cicatrix as the best protection against another protrusion of the bowel. The wound healed in two weeks, and presents no indication of a relapse.

Sclerema or Algide Œdema of the New-Born.—This affection occurs between the first and the eighth day after birth, and attack especially children debilitated from any cause (disease, defective alimentation, or absence of maternal hygiene), or those who are born before time. It commences on the hands, the feet, or the face, the skin becomes violet, yellowish, the child cries weakly and succumbs between the second and eighth day, from pulmonary congestion or pneumonia. Out of twenty-nine children untreated, M. Roger has observed only two recoveries. A rational treatment justifies the hope of more. The characteristic of this affection is an extraordinary lowering of the body temperature of the child. It falls lower than in cholera, and even that observed in ten or fifteen hours after death, notwithstanding the thoracic complications which ordinarily occur *in extremis*. Other affections which depress animal temperature, infantile cholera for example, scarcely carry it to 35° in place of 37°, the normal state. In sclerema or the algide œdema of the new-born, on the contrary, M. Roger has found in the axilla a mean of 31°; out of 52 cases, 19 times it was 33°; 7 times 26°; and he has met with the extremes of 25° and even 22°. Taking the temperature in the rectum, M. Parrot has arrived at the same result, which proves that the depression of temperature is the chief point to combat. With this object, Dr. Chossat has tried, in the beginning, cold affusions, so as to awaken the functions of the skin, but only if the depression of temperature is still inconsiderable, for reaction is, of course, necessary. Later, all means of excitation of the cutaneous surface should be employed; fomentations, frictions, envelopment in hot coverings, and hot sand-bags placed in the bed of the little patient, etc. By means of this treatment, out of six cases Dr. Chossat has saved three.—*Le Practicien—Canadian Journal of Medicine.*

Glycerine is said to enter so largely into the manufacture of beer that 40,000 pounds are used for this purpose in this country alone.

Formulary.

Russian Spirit.—There is a liniment known under this name which is used for rheumatism. The formula (*Southern Medical Record*) is:

R	Ol. sinapis dest.	12 parts.
	Ol. terebinth	75 "
	Camphoræ	75 "
	Liq. ammon fort	75 "
	Tr. capsici	75 "
	Alcoholis fort	1000 "

Wedel's Pectoral Powder.—

℞.	Acidi benzoici	gr. viij
	Sulphuris loti	ʒ j ¼
	Glycyrrhizæ rad	ʒ ijss
	Iridis florentin. rad	ʒ ss
	Sacchari	ʒ v
	Olei anisi	
	Olei fœnicali	āā gtt jv

Mix. Fiat. pulv. Dose, a tablespoonful 3 or 4 times a day, in bronchitis, severe cough or croup.—*New Remedies.*

Hæmorrhoid Ointment.—

℞.	Iodoformi	ʒ j
	Acidi carbolici	
	Acidi tannici	āā grs. xv
	Ext. belladonnæ	
	Pulv. opii	āā grs. viij
	Vaseline	℥j

Mx. —*Southern Clinic.*

For Asthma.—

R.	Lobeliæ fol. pulv	
	Stramonii fol. pulv	
	Belladonnæ fol. pulv	āā ʒ ij
	Potas. nitrat. pulv	ʒ iij

Mx. Keep tightly corked.

The patient is required to shut himself in a small, warm, close room, and sprinkle the medicine on live coals, or smoke it in a fresh clay pipe, till relief is obtained, which is usually within ten or fif teen minutes.

Rosacea of the Face.—Wash the face several times with very warm water, then

℞.	Sulphuris sublim	℥j
	Tr. camphoræ	ʒ ij—jv
	Etheris sulph	ʒ j
	Aquæ qs. ad	℥viij

Mx. Bathe the face at night with this and let it dry on. In the morning wash and apply

℞.	Zinci oxydi	ʒ ss—j
	Ungt. petrolei	℥j

Improvement begins in a week, but the treatment should be continued several months.—*Medical and Surgical Reporter.*

Mithie's Carminative Elixir.—

℞.	Ginger	℥ss
	Cinnamon	
	Long pepper	āā ʒ ij
	Galanga	
	Nutmeg	
	Cloves	āā ʒ j
	Cardamon	℈j
	Alcohol	℥vj

Mx. Digest for 14 days and filter. Dose: 1 to 4 teaspoonfuls in some suitable vehicle.—*New Remedies.*

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

Vol. III. DETROIT, JANUARY 25, 1880. No. 2.

Editorial.

Homicide and its Deterrents.

A writer in our city papers has for several years been giving monthly reports of the number of murders occurring in this State, and at the close of each year has given a resumé of the homicides of the previous twelve months. His object, having long since exhausted his arguments in favor of capital punishment, is to stir our people up to a sense of the dangers to which they expose themselves through the abolition of the death penalty. He has undertaken to prove that the fear of death has a deterrent influence over the would-be homicide, and keeps him from imbuing his hands with the blood of his fellow. The proof he adduces is drawn from the ratio existing between the murders and the population of the State as compared with that in other states. Without entering into details, it is sufficient for our present purpose to state that the figures as given are in favor of a repeal of the Michigan law, which incarcerates the murderer instead of making him expiate his crime by the forfeiture of his life. Comparisons of this nature are, however, not to be relied on as guides in a matter involving an issue of so much importance. Hasty generalizations are always attended with a danger of error. There are many circumstances which enter as factors in determining the percentage of homicides to the population. The question is one of literal vital interest, and it becomes the philanthropists, of our State particularly, perhaps, in view of the unfavorable showing of the gentleman referred to, to endeavor, if possible, to ascertain to what extent the abolition of the death penalty is responsible for this showing. It is the theory of some, among whom was Mr. Buckle, who attempted its development in his history, that in the constitution of human nature under given states of civilization, there is a fixed proportion between the number of both murders and suicides, and the population of the community in which they are committed. So that the degree of civilization, or "humanization," as Matthew Arnold would say, being given, it is possible at the beginning of every year to predict, with the aid of the census, the deaths from violence during the succeeding twelve months. He went even further than this, and claimed it to be possible from the modes of life and the occupations of the people, to predict the particular manner in which the death, suicide or murder, will be caused; that is, whether by means of the knife, halter, pistol or plunge. If there is a truth in this, it would seem that the frequency of the crime of murder must be sought for in a much deeper stratum of human nature than in that in which a regard to the immediate consequences to the perpetrator enters. The impulse to redress a wrong in the most direct manner is a characteristic of the savage, from whom the civilized man differs chiefly in his power of obedience to the constituted authorities.

The object of punishment being rather for the protection of society than for the direct effect on the individual, the question of how the individual shall atone for his crime is a far-reaching one. It has, moreover, many aspects from which it may be viewed. Its medical or psychological aspect is but one of them, and from it alone it would be unsafe to form an opinion. If Mr. Buckle is right the criminal would as often escape punishment as he would have his just desert meted out to him, for being by his very nature, mental make-up and surroundings not only fitted for the crime but in a measure impelled to it, he becomes to that degree irresponsible. This is the string on which the criminal lawyer harps in his plea of insanity—the plea the success of which has, in these latter days, so disgraced our courts of justice. In analyzing any particular case there may be traced the train of circumstances which led to the fatal denouement, circumstances which, from a purely medical (Calvanistic?) standpoint either exonerates the criminal or extenuates his crime. There is either the latent impulse to take the life of another, an impulse which when obeyed, without the stimulus of intense provocation or the instinct of self-preservation, amounts to insanity; the uncontrollable temper which recks nothing, animal lust or cupidity which for the time being makes the man their instrument. The intensity of these passions is doubtless at times overpowering, and in such cases the psychologist would absolve the man in whom they rage, from legal responsibility. It is delicate ground, but the interests of society are undoubtedly best subserved by bringing to bear on the individual case the innate impulse to punish for the deed, irrespective of the subjective condition of the doer.

The fear of consequences doubtless has some influence over the majority of criminals, and it is inconceivable to a person of sound moral fibre how any one, with these consequences staring him in the face, can brave them. We are of the opinion that did the sane individual of murderous intent (for there are such) think the consequences which usually overtake the homicide inevitable, he would hesitate, and finally conclude not to kill. The delusion, which is not altogether a delusion, that he may escape detection, or, being detected, may escape punishment, is doubtless the indirect cause of much crime. Here is just wherein the question of capital punishment has its bearing on society. To the criminal who considers the consequences of his crime, and takes stock of his chances to escape them, the question comes right home. It is, we think, a fact that fewer homicides escape the punishment which

the law decrees in states where life imprisonment is the penalty than in states where the criminal forfeits his life. The gallows has a horror for sensitive minds, and not unfrequently the benefit of the doubt, which is the prisoner's right, has been distorted because of this horror so as to result in a verdict for the really guilty man. In states which have the death penalty these facts are patent. Where life imprisonment is the penalty we believe the prisoner, regarding his chances of eventually regaining his liberty, either through escape or the influence of friends, is not deterred as when the gallows stares him in the face. We believe that were a less revolting method than the gallows introduced, that society would be better protected against murders by fixing death as the penalty than by life imprisonment. A variety of substitutes have been proposed for the rope; we shall refer to some of them on another occasion.

Consanguineous Marriage.

M. Godet reported to the Medical Society of Rheims some interesting facts bearing on the question of consanguineous marriage. Of nine children born to an uncle and a niece who had united themselves in matrimony, two died at an early age,, four are deaf mutes; one is an epileptic, while only two are healthy.

This is certainly a very fearful showing but the case as it stands is a very imperfect argument against close intermarriage. It is lacking in certain elements which are necessary to make it strong evidence against consanguinity in the marriage relations.

Reasoning from the analogies furnished by the inferior animals, there is nothing injurious *per se* in blood relationship of parents, that is, in its effects on the physical constitution of the offspring. These analogies so far from showing the relationship to be disastrous demonstrate that it may be made positively beneficial. The breeders of fine stock understand this, and some of the finest strains are the result of in-and-in breeding. Instances are by no means wanting in which able men, and physically stalwart, are the children of parents between whom there existed a blood relationship. With these facts before us it becomes necessary to look further than to the mere fact of the legally, and morally too, incestuous marriage for the cause of the disastrous results in the case cited. It would have helped to a solution if the reporter had given us some facts regarding the peculiarities of the parents. Was there an inherent tendency in each to any neurosis? Was there any constitutional taint common to each? These co-incidences are liable to occur between parents not united by any blood relationship, and when they do occur the offspring of the union suffers. The same law applies to the better qualities of mind and body. The children of parents in whom there is a common genius, will inherit that genius in an intensified degree. Stock raisers in propagating "points" select for mating a male and female which each have the particular "point" sought" The feathering of a bird can be regulated with an almost mathematical certainty, by the selection of the male and female. The patriarch Jacob understood this trick of "points," and turned his knowledge to good account. Mr. Darwin, in his theory of natural selection and survival of the fittest, has demonstrated to the satisfaction of most minds, that even different species have been created through an instinctive conformity to the principle of "points."

Consanguineous marriages offend our sense of what is right, and under the hap-hazard system, or rather lack of system, of marriage which obtains, they should be discountenanced and prohibited by law. If another system, however, prevailed, than that under which the very erratic passion called love existing between a young man and a young woman, is a sufficient warrant for them to enter into relations through which they may legally procreate, the scientific objection to blood relationship in parents, would, in a large measure be removed. Consanguineous marriage intensifies in the child tendencies common to the parents, and is operative for good as as well as evil. In cases in which it has operated for good it receives no credit, but when, perchance, the condition existed through which it intensified a a vicious predisposition, it is held up as a crime against nature and morality.

Benzoate of Soda in Phthisis.

It has been customary for the conservative European to accuse the American, notwithstanding his native shrewdness in certain directions, of great gullibility in things medical. The accusation has not been without show of reason, as witness the fortunes amassed from the sale of patent medicines, the shelves of our drug stores groaning under their loads of nostrums, the success of homœopathy, etc. In spite, however, of the truth of the accusation as applied to the laity, it is a very uncommon thing for the profession to have the wool pulled over its eyes. Cundurango, and other humbugs, have had their brief day; but few, if any, of them were introduced by reputable members of the profession, and no physician of any standing has ever committed himself to any of them. In the benzoate of soda humbug which has just been exploded in Germany, the case has been different. In this case Nestors in the profession were duped—led into what has turned out to be one of the biggest humbugs of the century. The excitement following Professor Rokitansky's alleged cures of consumption by inhalation of the vapor of benzoate of soda is described as having been intense. The secular journals rang with reports of the wonderful discovery, and society was deeply stirred.

The history of the matter dates from a paper by Professor Klebs, in 1877, in which he advanced the theory that tuberculosis is an infectious disease of parasitic nature, induced by certain micro-organisms which invade the body and multiply in it. This being true all that remained to effect a cure was to kill the parasites. It was found that animals inoculated with tuberculous matter through an opening in the trachea developed miliary tuberculosis, but being placed under the inhalation of benzoate of soda for some weeks they regained their body weight and

finally recovered. It was on the basis of these results that Rokitansky undertook the exhibition of the vapor to consumptive patients. Through some inexplicable psychological peculiarity he was led to report that the results of the treatment "exceeded all expectation," that some patients actually "moribund on entrance to the hospital went away cured." Rokitansky's claims were soon put to the test by numerous experimenters throughout Germany. The results have been invariable failures, and the consequence is that the feeling against the learned professor is quite bitter, taking expression even in a very strong demand for him to vacate his chair. The physiological effect of benzoate of soda is to increase the excretion of nitrogen, and it is difficult to understand how its employment in Rokitansky's hands could have produced the increase of weight which he reports. The fact of the weight of his patients having increased cannot, of course, be doubted, for no man, and especially one in the learned German professor's position, would make a statement the falsity of which it would be so easy to detect. The explanation of his patients' betterment was doubtless due to the improved nutrition on which they were placed on their entrance to the hospital, being taken, as they doubtless were, from poor homes and bad hygienic surroundings. The whole affair forms an interesting and instructive chapter in medical history.

Our last number contained blank orders for the NEWS for 1880. We would ask those who have not returned the copy received, with the blanks properly filled in, to do so soon. These blanks are apt to be mislaid unless promptly attended to.

Miscellany.

NEW MEDICAL JOURNALS AND CHANGES IN OLD ONES.—This is the season of changes in medical journalism, and the turn of the kaleidoscope for 1880 has thrown some out of sight, brought others into view, and changed the configuration of some which have for a long time been in the field. Among the new journals which have come to our table are the following:

The Alienist and Neurologist, a quarterly journal of Scientific and Forensic Psychiatry and Neurology. Edited by C. H. Hughes, M. D., of St. Louis, from which city it is also issued. The initial number contains nine original communications from gentlemen whose standing is a guarantee that the new journal is on the right track and on a high plane. It contains 125 pages; subscription price $5.00.

Kansas Medical Index, edited by F. F. Dickman, Fort Scott, Kansas. There is no reason why the growing State of Kansas should not support a home journal. The profession there will now have an opportunity, for the *Index* has the ring of the right metal, and is such a journal as the regular profession can consistently uphold. It is a monthly and is furnished at $1.50 per annum.

Walsh's Retrospect is the name of a quarterly compendium of American Medicine and Surgery. It is edited by Drs. Ralph Walsh and Thos. E. McArdle; $2.00 a year. The first number contains 150 pages, and displays good judgment in the selection of its excerpts.

The Chicago Medical Gazette has already been noticed by us. The second number has, however, appeared and an examination of it convinces us that it is going to make its mark in the medical periodical literature of the country. Dr. Dudley, the editor, has gathered to him, as associate editors, a number of gentlemen whose names are familiar to the profession from actual merit.

The *N. Y. Medical Journal*, long one of our favorite exchanges, sets out this year under a new editor, Dr. Hunter having retired, and Dr. Frank P. Foster being placed in charge. Dr. Foster's name is not by any means a new one to the profession, and the journal, we predict, will not suffer from the change, although there are few editors whose place it would be more difficult to fill than Dr. Hunter's.

The Medical Record adds four more pages to its size and keeps booming along among the first, if not the very first medical journals in America.

The *St. Louis Medical and Surgical Journal* has been changed from a monthly to to a semi-monthly. This conforms to the demands of the times. Monthlies are getting to be too slow.

The Therapeutic Gazette is the successor to *New Preparations*, Dr. Wm. Brodie, of this city, editor. The policy of this journal has experienced a slight change, and will conform to the name it has adopted. The typographical execution of the new journal is probably unequalled by any medical journal in this country, and friend Brodie's name is a sufficient guarantee to all who know him (and almost everybody does) for the editorial status.

The Medical Gazette. "Gazette" seems to be coming into favor as a name for medical journals. The *Medical Gazette* is the successor of the *Hospital Gazette*, It contains 16 pages, with three columns on a page, set in brevier type, and has increased its price to $5.00. We admire enterprise and energy, and like to see them reap their reward. If our liking is gratified the *Medical Gazette* will bring much treasure to the coffers of its publisher.

The year which has gone put a period to the existence of the following : *American Medical Review and Index*, *The Illinois Medical Recorder*, *The National Medical Review*, *The N. Y. Medical and Surgical Brief* and *Public Health*. Whom the gods love die young. Peace to their ashes.

We do not know whether or not to include the *American Medical Bi-Weekly* on the list of the dear departed. It has, at all events, been dead to us for some time, and we fear the worst.

A CHEERFUL VIEW OF THE PROFESSION.—A recent trial in England elicited from a disgruntled litigant, who airs himself in his local paper, the following opinion of medicine as a profession:

"This shows how easily a wise law can be evaded, and how worthless all official prescriptions really are. But it is said there is a second guarantee—the

character of the medical profession. Here is an instance of the way in which we are apt to be deceived by an abstract term. There is no such thing in existence as a medical profession. It is what logicians call a concept of the mind. There are a number of men who practice medicine—that is all. Now, if we may eulogise an abstract term, and the ideas which gather around it, I should be ready to lavish unbounded admiration upon the 'medical profession.' Its object is one of the noblest of mankind. But we have to deal with the men who practice this profession, and men are pretty much the same in one profession as in another. Most of us can, no doubt, say with truth, that some of the best men we know are medical men, and it is also true that the character of their work, the liberal education it supposes, and the higher class of motives which are called into play in the medical profession, insensibly help to mould those engaged in it into nobler than average types. But after all is said, it remains that they are men, and that in the medical, as in the clerical, and we even venture to add, as a bare possibility, in the legal profession also, there are some black sheep, in whom mere gain and gross selfishness override the better instincts of their calling. A chain is no stronger than its weakest link, and in the light in which we now have to view it, the medical profession is to be dealt with according to the proportion of virtue to be found in its least virtuous members."

We would suggest for this individual, pil. hydrarg. grs. x ij, and an application to the affected part (the head) of a cataplasma lini; medicine and application to be repeated p. r. n.

PERCENTAGE ON PRESCRIPTIONS.—Many a great man has lived among his fellows bearing the burden of not being understood, and going to the grave has soon been forgotten for no other reason than that he found it impossible to furnish the brains necessary to the understanding of his ideas. We never realized until we wrote a few lines on the practice of druggists paying a percentage on prescriptions, the burdensomeness of the burden which those great men bore. It is a bad thing to be misunderstood, and a dreadful thing to be misinterpreted. After writing these lines some of our contemporaries. and readers, too, for that matter, took exception to the position which they misunderstood us to have taken on the subject. We undertook to explain and our explanation was misinterpreted We now give it up. What we have written we have written, and, like the other great men we have referred to, we cannot furnish the peculiar cerebral qualification which seems to be necessary, and must suffer as they did.

Listen to the *Medical and Surgical Reporter:*

"The MICHIGAN MEDICAL NEWS defends the custom of physicians receiving percentages from druggists. It claims that it is "necessary for the doctor to resort to this questionable means of self-defense" when he has patients who do not pay him. It wants no more "moralizing" on the subject. Queer kind of ethics to preach, that."

We do not think our esteemed contemporary would *wilfully* misinterpret us, and our only feelings towards it shall be those of pity.

Medical Record: "Our good friend, the editor of the MICHIGAN MEDICAL NEWS, appears to be backing water a little on the subject of percentage on prescriptions, but he has evidently not yet struck bottom. While condemning the practice of overtaxing the patient who is willing to pay for everything, he is in favor of making the would-be deadhead pay well for his medicine, so that there may be something of a margin for the doctor. But in reality two wrongs never can make a right. The physician, in such a case, is as bad as the patient, as both are acting under false pretences. The patient gets advice without intending to pay for it; the doctor obtains his percentage in an underhanded manner. If a patient cannot be made to pay for advice in any other way, he should not receive it. Then, again, the doctor should not tempt the innocent druggist to become an evil-doer."

We congratulate our brother on his keen sense of ethical propriety. It goes well with the Spartan fortitude with which he would deny the prescription to the poor (?) man whom he could not make pay for it. We acknowledge also the weak point he has detected in our position, and admit the heinousness of tempting the "innocent druggist." When we have quite "touched bottom" we will place the innocent creature under a Sunday school teacher.

A STARTLING CALCULATION FOR SANITARIANS.—A correspondent of the *Medical and Surgical Reporter*, a gentleman evidently of a mathematical bent of mind, submits the following, which has a tendency to make us satisfied with the ills we have, rather than to give humanity a chance to procreate under its most favorable conditions:

"It gave me a good deal of pleasure to read Dr. Richardson's lecture on Salutland, in your journal. I am myself somewhat of a fanatical dreamer in that direction; but statistics always come and throw cold water on my pleasant visions of a Salutland. Suppose the entire earth, with its 1,200,000,000 (is my figure right?) inhabitants, were suddenly, by some miracle, converted into a Salutland, with a death rate of only 8 per 1000. There being then no poverty and no disease, the birth rate would, in all probability, increase; but even limiting the birth rate to 38 per 1000, we should still have an annual increase of population amounting to 30 per 1000, at which rate the population would double itself every 23 years. We should thus have, in

23	years	from	now a	population of 2,400,000,000
46	"	"	"	4,800,000,000
69	"	"	"	9,000,000,000
92	"	"	"	19,200,000,000
115	"	"	"	38,400,000,000
138	"	"	"	76,800,000,000
161	"	"	"	153,600,000,000

etc., etc., etc., until there would be no more room left.

SANITARY CONVENTION.—The Sanitary Convention which was held in this city, commencing the 7th inst., and continuing for two days, was the first gathering of the kind ever held in this country, and was for this reason, if for no other, a memorable affair. It was, however, a successful gathering for the purpose for which it was held. This purpose was to create an interest in sanitary matters among the people. Conventions are becoming the means through which persons having interests in common

seek to promote those interests. We have our commercial conventions, political conventions, our theological conventions, medical conventions, our temperance conventions, conventions of printers, shoemakers and other artisans, and the other day we had in this State a convention of undertakers. The universality of the custom attests its serviceability, and it was not only fitting but requisite for the better accomplishment of the particular end that they had in view that the sanitarians should assemble in convention. At this convention a feature was made of the exhibition of sanitary appliances. A number of manufacturers embraced the opportunity of exhibiting their wares, and we noticed several ingenious devices in the way of water closets, an air moistener, a water filter, an odorless excavator, etc.

The convention was presided over by Dr. Wm. Brodie, editor of the *Therapeutic Gazette;* Dr. C. C. Yemans was Secretary. There was a long list of papers presented, some of which were well written, and of especial interest to the profession. Among these we might instance the address of the President. It was very happily adapted to the occasion. We have room only for a couple of the sentiments it contained:

"For ages past these investications have been chiefly conducted by the members of the medical profession, under the head of "causes of disease," which, although not originally germain to their calling in a mercantile point of view, nevertheless, laying aside the question of profit and loss, they have entered upon the yet higher sphere of "prevention of disease and the prolongation of life." The way being thus opened by the medical profession, and the intelligence of the of the present generation having been thus directed to their own welfare, others have arisen to aid in the prevention of disease and its corollary, prolongation of life. Thus to-day the people themselves have taken an interest in their own well being.

* * * To those educated in the great phenomena of life, but little difficulty is found in accounting for the causation of disease and ultimate death, and the medical profession have not hesitated to present the causes to the people. For years they have sounded the alarm, and practically have been powerless to prevent or remove them."

The other papers of a more strictly professional character were "The Prevention of Contagious Diseases," by Dr. J. S. Caulkins, of Thorneville Mich. "Light in the Public Schools, and School Life in Relation to Vision," by Dr. C. J. Lundy, of Detroit; "Prevention of Pulmonary Consumption," by Dr. Henry F. Lyster, of Detroit; "Neurasthenia or Nerve Exhaustion," by Dr. W. H. Rouse, of Detroit; "The City of Destruction," by Dr. R. C. Kedzie, of Lansing, Mich. In addition to these there were a dozen others, but our space forbids even a reference to them.

Dr. John S. Billings, U. S. A., being present, took a very active part in the discussions and added much to the interest of the meeting.

A number of sanitarians were present from different parts of the Union, and the success of this convention will doubtless lead to others in different sections.

Since writing the above we have received an announcement of another Sanitary Convention, to be held at Grand Rapids on the 17th and 18th proximo. Any information regarding it may be secured by addressing the Secretary, Dr. Arthur Hazlewood, Grand Rapids, Michigan.

Intra-Uterine Vaccination.—Dr. A. E. Burckhardt, a German physician, has been examining the question of the protection of the child against small pox by the vaccination of the mother during gestation. Previous investigators have given attention to the same question. Variola in the mother is known to be communicated to the fœtus, and the young of animals inoculated with the virus have shown an immunity from infection after their birth.

"Dr. Burckhardt's researches were carried on in Dr. Bischoff's obstetric wards in the hospital at Basel. In 1877 and 1878, he re-vaccinated twenty-eight pregnant women. From various circumstance, however, such as still-births, early removal of the children, etc., only eight of the children were available for observation. To test the accuracy of his results, he vaccinated four children whose mothers had not been vaccinated during pregnancy, and in all produced fine pustules. The results with the children of the vaccinated women were these. 1. The children of four women who were successfully re-vaccinated during pregnancy were all found to be insusceptible of the vaccine virus. One of them was still insusceptible at the end of half a year; while the lymph employed in the other three cases was used successfully in other children. 2. The children of two mothers who had been re-vaccinated with partial success were both found insusceptible of vaccination. One of the test children was vaccinated successfully, the other without effect—but perhaps the lymph used in this case was too old. 3. Of the children of two women who had been unsuccessfully re-vaccinated, one was vaccinated without result, while the operation in the other was successful. The mother of the latter had been re-vaccinated successfully five years previously. Dr. Burckhardt has made some observations on the subcutaneous injection of vaccine lymph, taking for the purpose a sufficient quantity to vaccinate six or eight persons in the ordinary way and mixing it with a drop of distilled water. The injection of this into the subcutaneous tissue of pregnant women was not followed by local reaction or general disturbance. He treated ten women in this way; but only two of the children were available for experiment. Both were found to be insusceptible; while two other children vaccinated with same lymph, had good pustules. Dr. Burckhardt considers it too soon to arrive at an positive conclusions on the subject; and remarks that the value of the process can only be decided by the publication of the results obtained by a number of independent observers.

An Unconscious Abortion.—A French paper contains an account of an unusual, perhaps unheard-of, accident. It occurred at a ball given in honor of a wedding in a small French town. During the height of the terpsichorean evolutions one of the dancers, discovering what seemed to him a rather singular spherical mass for the floor of a ball room, stooped down and picked it up. A *sage femme* who was present declared it to be a fœtus. Considerable commotion naturally followed this announcement, and the first question, and withal a natural one, was, whom did it belong to? There were present a num-

ber of young, unmarried ladies who were very much embarrassed by the situation, each fearing that she might be suspected. None, however, presented any sign which would fix her as the likely one, and to institute an exploratory examination would have been to increase, if possible, the embarrassment. In the midst of the suspense a young married woman suddenly realized the fact that she had lost something, and a closer scrutiny convinced her that she was the late proprietress of the apple of discord. It had, incredible as it may appear, passed from her without any pain or warning of any kind whatever.

A Double Diagnosis.—An amusing story is told, in the November of *Le Practicien*, of a distinguished *savant* at a dinner of the Anthropological Society, Paris. It was not delivered publicly, but whispered in the ear. We have heard a similar tale ascribed to some one else. I visited, said the narrator, a young man aged 15, who, without any apparent cause, was getting weaker from day to day. Suspecting albuminuria or diabetes, I asked for the urine of my young client for examination. What was my surprise to find in it a quantity of kiesteine. Assuredly this was not the urine of my patient. On my next visit, in presence of the family, I said, you are trying to humbug me. I asked for the urine of this patient, and you have sent me that of a pregnant woman. Scarcely had I pronounced these words when two persons fainted: the young man and the *bonne* who had opened the door.

She cried out: "Ah! M. Ernest you have done, for me." Light was thrown at once on my mind.

The maid knew why the young man had fainted. She had sent me her own urine, so that unconsciously I had made a double diagnosis. There is another story of the same kind, though in verse, which is untranslatable.—*Med. Press.*

The Wonders of a Cigar.—An analysis of the weed is enough to strike terror into the ranks of the smoker, even to him who, with Bulwer Lytton, sings, "He who does not smoke has either known no great sorrow or denies himself one of the softest consolations of earth." Science is a ruthless iconoclast, and any one who doubts it has but to read the following from the *Caterer:*

"To the world in general a cigar is merely a tightly-rolled packet having brittle fragments of dry leaves within, and a smooth, silky leaf for its other wrapper. When it is burnt, and the pleasantly flavored smoke inhaled, the habitual claims for it a soothing luxury that quiets the irritable nervous organism, relieves weariness and entices repose. Science, scouting so superficial a description, examines first the smoke, second the leaf, third the ash. In the smoke is discovered water in vaporous state, soot (free carbon), carbonic acid and carbonic oxide, and a vaporous substance condensable into oily nicotine. These are the general divisions, which chemists have still further split up, and in so doing have found acetic, formic, butyric, valeric and proprionic acids, prussic acid, creosote and carbolic acid, ammonia, sulphuretted hydrogen, pyridine, viridine, pidoline, lutidine, collodine, parvoline, corodine, and rubidine. These last are a series of oily bases belonging to the homologues of aniline, first discovered in coal tar. Applying chemical tests to the leaves, other chemists have found nicotia, tobacco, camphor or nicotianine (about which not much is known), a bitter extractive matter, gum, chlorophyll, malate of lime, sundry albuminoids, malic acid, woody fibre and various salts. The feathery white ash, which in its cohesion and whiteness is indicative of the good cigar, yields potash, soda, magnesia, lime, phosphoric acid, sulphuric acid, silica and chlorine. The ingredients extractible from a poor and cheap cigar would be fearful and wonderful to contemplate. Here is a list from a Parliamentary Report on adulterations in tobacco: Sugar, alum, lime, flour or meal, rhubarb leaves, saltpetre, fuller's earth, starch, malt commings, chromate of lead, peat moss, molasses, burdock leaves, common salt, endive leaves, lampblack, gum, red dye, a black dye composed of vegetable red and liquorice, scraps of newspaper, cinnamon stick, cabbage leaves and straw brown paper."

A Case of Vaginal Hysterotomy.—Through a Chicago correspondent we learn that Prof. E. W. Jenks, late of this city, now incumbent of the chair of Gynæcology in Chicago Medical College, is fully maintaining his reputation as a teacher of his specialty. During the present session he has performed a number of brilliant operations before his class. On the 8th inst. he performed vaginal hysterotomy in Mercy Hospital, removing the entire uterus for malignant disease. Operations of this class are, of course, of unusual interest, and it is not strange that the one in question should have elicited favorable comment on the skill of the operator. The patient is rapidly convalescing, and promises a complete recovery. We congratulate our quondam townsman on his success.

The *North American Review* for February is on our table. It contains articles on:

The Catholic Church and Modern Society—By Cardinal Manning.

The Third Term—By T. O. Howe.

M. De Lesseps and his Canal—By Rear-Admiral Daniel Ammen.

Now and Then in America—By George Augustus Sala.

The Emancipation Proclamation—By President James C. Willing.

Recent English Books—By Mayo W. Hazeltine.

Spörer suggests the following improvement on Nelaton's method in chloroform asphyxia: Hang your patient out of the window head down, swinging the body back and forth. You thus get the benefit of the reversal plus the fresh air.

Bergh, the friend of the beast and the anti-vivisectionist, alludes to the illustrious Magendie in the following choice terms: "The wretch Magendie was undoubtedly the most abandoned criminal that ever lived."

For Night Sweats.—For over thirty years I have used the following prescription without a single failure in sweats from whatever cause. In one case a neighboring physician was poisoned while dressing a mortified finger. He suffered untold misery and was drenched with perspiration for a number of days and his life despaired of. When I saw him I ordered him to be bathed immediately and repeat once in two hours. The third application stopped all perspiration, and convalescence commenced at once:

℞. Alcohol, Oj.
Sulphate of Quinine, 3 j. M.

Wet a small sponge with it and bathe the body and limbs, a small surface at a time, care being taken not to expose the body to a draft of air in doing it.

T. H. Currie, M.D., Lebanon, N. H.

Canada Medical and Surgical Journal:—As our friend, Dr. G——m, was showing some lady visitors over the asylum of which he is the medical superintendent, they came to a room in which three women were sewing. "Dear me!" one of the visitors whispered, "What vicious looking creatures! Pray what are they here for?" "Because they have no other home; this is our sitting room, and they are my wife and two daughters," blandly replied the doctor.

The horrors of instrumental delivery were recently graphically set forth by a Dr. Singleton, chairman of the section on obstetrics (?) of a Kentucky medical society. He arraigns the profession for "inducting innocent infants into the world to the music of clanging steel." Much better than this would it be for the accoucheur to employ himself in "smoothing the furrowed brow of the patient, and administering the cup of cold water in the name of the Master."

The return of frost was the signal for the return of the Memphian Hahnemannians to their unfortunate city. When the plague set in the homœopaths found it convenient to retire, notwithstanding the boast of their ilk that *similia similibus* is effectual even to the curing of yellow fever. Of the forty-six resident regular physicians thirty-six stood manfully at their post, and some of them went to their reward.

Pean, of Paris, recently removed the pylorus from a patient suffering from cancer of the pyloric extremity, and attached the stomach to the duodenum. The operation was brilliantly conceived and successfully performed. Unfortunately, however, the patient obstinately refused to live, and died on the fifth day. This is a way some patients have after brilliant operations.

Dr. O. E. Herrick, formerly of Greenville, in this State, has removed to Grand Rapids, where he will confine himself to his specialty, Diseases of Women, and superintending the manufacture of his Supporter, notice of which has already appeared in the News. We wish the doctor every success in his new home.

Rome is at the present time in a most unhealthy condition. Alexandria, the notorious fever den, alone excepted, the death rate of the imperial city is the highest of any city in the world. Its mortality is 40 per 1,000.

The *Louisville Medical News* calls the Salisbury method of treating consumption "concentrated bosh and unmitigated nonsense." Well, perhaps it is, but we'll wait a while before we commit ourselves.

Voltaire's definition of a physician: An unfortunate gentleman, expected every day to perform a miracle, namely, to reconcile health with intemperance.

London has four medical baronets: Sir Wm. Gull, Sir Wm. Jenner, Sir T. Watson and Sir G. Burroughs.

Book Notices.

Notes of Hospital Practice. Part I. Philadelphia Hospital. Selected, arranged and published by Samuel Miller, M. D., 120 South 17th St., Philadelphia; pp. 137. Price $1.00.

This little volume consists of very copious notes of clinical lectures delivered at the Philadelphia Hospital by the physicians in attendance. The selections are manifestly by one who has a correct appreciation of what is of importance in a clinical lecture to the practitioner. He has, therefore, eliminated all that is not of real practical interest. It is only necessary in addition to this to state that the lectures are by such gentlemen as Professors Gross (*pere et fils*), Pepper, Da Costa, Wood, Penrose, Goodell, Agnew, Maury, Morton, Cohen, Hunter and Levis. The price places it within the power of every to possess himself of a copy. See advertisement on advertising page XXVI of this No.

Original Articles.

A Case of Aphasia and Right-sided Hemiplegia —Good Results of Treatment.

A Clinical Lecture, Reported for the Michigan Medical News.

BY PROF. J. M. DA COSTA, M.D., PHILADELPHIA.

You remember, no doubt, this case of aphasia with right-sided hemiplegia, which I lectured upon at a former clinic. You will call to mind that there was some rigidity of the affected muscles, and very marked loss of the power of speech—so marked, indeed, that the man's whole vocabulary was reduced to two words, "yes" and "no." I diagnosed the aphasia to be due to a lesion in Broca's centre of speech consequent upon the formation there of a small clot, which condition had, I believed, been followed by subsequent softening. When I began to treat the case I aimed partly at a restoration of the power of speech and partly at an improvement of the nutrition of the patient's brain. The second indication was fulfilled by the use of phosphorus and cod-liver oil, and by the occasional administration of iron—remedies calculated to regenerate and nourish the nerve tissues and brain substance. To this we added plenty of good, nourishing food.

Under this regimen the patient gained flesh and color, and his right-sided hemiplegia largely disappeared, nothing remaining except a slight feebleness

of grasp in the right hand. As proving that a brain lesion existed, the patient had convulsions two or three times while in the ward. These convulsions were preceded by vertigo, and accompanied by flushing of the face and other signs of marked cerebral congestion.

I am afraid that the brain lesion itself will never entirely yield to treatment, but you may be interested in another point. Has the patient's power of speech returned ? What success have we had following our efforts in that direction ? With this purpose in view we began to train the patient to talk as one would teach a child. We did so at the expense of a great deal of time and trouble. We made him repeat words after us until some of these words remained in his memory, and then we were delighted to find that some words began to come back to him which we had not previously suggested to him.

You will ask me, no doubt, whether I believe this improvement to be due solely to the nervines which we employed, or whether it was largely owing to the plan of treatment we pursued at the same time, and which consisted in applying electricity to the tongue in the hope of stimulating the centre of speech. I will say that I believe the electricity has been of great assistance to us. But you shall note his improvement for yourselves. We will put him through all the motions. You see that he can walk, move his hands and legs in every direction—in fact, he seems in most instances to anticipate my wishes. He can put his tongue far out, and, when questioned by the resident physician, can, as you hear, tell us all about his business, and who he worked for and where he drove his milk wagon before the attack. This is certainly a most gratifying success. If we can persuade him to stay with us a little longer I think he will be fully able, when he does go out of the wards, to conduct his former business fairly well, provided he keeps out of all excitement and flurry.

THE TREATMENT OF DILATED STOMACH.

You will recollect this case as one in which we washed out the man's stomach regularly as a systematic part of the treatment. You remember his symptoms—flatulence, coated tongue, a bitter taste in his mouth, persistent vomit, with sarcinæ in the vomited matters. What will, I think, interest you most, is the results of our treatment. They have been extremely favorable. We experienced a great deal of difficulty in persuading the man to let us wash out his stomach at first, but now he has become so convinced of the good it does him that when, yesterday, I gave orders to discontinue that item of the treatment as no longer necessary, he was very much inclined to grumble.

What has been the result ? (1.) The vomiting has been entirely stopped. (2.) He can digest a moderate meal without much inconvenience. His tongue is much cleaner, and corresponds with the improved gastric tone. When I come to examine his stomach by percussion, I find that it is less distended. It is still large, indeed, but not nearly so much distended as when he first came under my observation. Nor is he nearly so much troubled with flatulence as he used to be.

At first we washed out his stomach every second day, and then twice a week. At first we used the siphon arrangement, but as morsels of food plugged up the tube upon several occasions, we changed to the stomach pump tube with piston and syringe. Simple lukewarm water was used in the washing out of the stomach at first, but afterwards we rendered the water slightly alkaline by the addition of a small amount of bicarbonate of sodium.

As the vomiting began to stop the sarcinæ to be found in it became much fewer in number. This decrease was partly due to the washing and partly the result of the remedies employed to counteract the fermentation. These remedies were at first gr. j of carbolic acid thrice daily in water, and later ʒ j of sulphurous acid largely diluted, thrice daily.

What changes shall we make in the treatment now that the man is so much better ? I have stopped the washing out of the stomach and ordered him placed upon strychnia; he takes gtt. x of the tincture of nux vomica thrice daily. For the present I think it better to keep up the small dose of sulphurous acid after meals. He may enjoy a more varied diet henceforth.

BELLADONNA IN OBSTINATE CONSTIPATION.

Case I. In a case of typhoid fever recently in the wards, constipation became so obstinate at the end of the disease that I found it necessary to do something for it. It did not seem proper to resort to cathartics with the possibility of Peyer's patches being still unhealed. So I was forced to look elsewhere, and hit upon the following expedient. Every night before the patient went to bed he took a tablespoonful of sweet oil, and thrice daily after meals he was given gtt. j of the fluid extract of belladonna in ʒ i of the compound tincture of cinchona (Huxham's). The effects of this treatment were admirable. In a day or two he had a normal passage every morning. Then, in order to see if this might not be due solely to the sweet oil, I left orders that the oil should be omitted for several nights, but the bowels were still regular. There was no question but that it was largely the belladonna.

Case II. Æt. 50. Dyspeptic, with obstinate constipation. Bowels only moved after taking cathartics. Came to the hospital to get relief. As a rule, he told us, he was in the habit of going four or five days at a time without a movement, when they were only at last opened by the use of some very active cathartic. This had been the case for three months.

When he came into the wards, after giving him iron for a few days and an occasional cathartic, I stopped this routine and bent all my energies towards overcoming the constipation. With this end in view I began (1) with a well regulated diet—this had no visible effect. I then employed a remedy which I have often found to be useful, i. e., I had the faradic current applied, with one pole over the upper and one over the lower part of the patient's abdomen; then (2), with one pole to the spine and the other to

the lower part of the abdomen, then (3), with one pole to the spine or loins and the other to the rectum, but there was no improvement noted.

Then I bethought myself of the sweet oil and belladonna, so the patient was given ℥ ss of sweet oil at night and gtt. j of the fluid extract extract of belladonna in ℥ i of the compound tincture of cinchona thrice daily after meals. Again I had the happiest results follow. The man began at once to have a proper movement every morning. The dyspeptic symptoms disappeared, the tongue grew clean.

I think you will do well to remember this treatment in cases of constipation. To what is the efficacy of the treatment due, you will inquire? Chiefly, I think, to the belladonna. Trousseau long ago taught that as a stimulant of peristaltic action belladonna was invaluable. Its effects are due to the contracting power which it has over the muscular fibres of the bowel. I do not say that this treatment will invariably succeed, but in most cases it has worked like a charm in my hands.

I always combine the belladonna with some bitter, such as the compound tincture of cardamon, or of gentian, or of cinchona, as here.

The treatment by sweet oil at bed time is useful as an adjunct. The oil promotes mechanically the discharge of fecal matters.

There is no reason why we should not keep up this treatment for some days yet, at any rate.

Joined with this use of sweet oil and belladonna the diet should be regulated by the use of such laxatives as fresh or canned vegetables, cracked wheat, fruit, etc.

Notes and Comments on Cases from Private Practice—Scarlatina.

In the following notes I do not expect to present anything of startling novelty, but shall give merely a record of such cases as have occurred in the course of practice, and may from time to time make such comments as may suggest themselves. I differ from many in my views as to what should be reported for the medical journals. Much valuable observation yearly goes to waste because of the prevalence of the opinion that only such cases as present something very unique and unusual should be reported. Such cases certainly should be reported, but not to the exclusion of those of every-day occurrence. A case of ligation of the carotid or the common iliac, or of paracentesis of the pericardium, etc., may be full of interest but of very little practical benefit to the general practitioner, who, in the first place, is as likely as not never to meet with such a case in practice, and who, in the second place, would hardly undertake the operation if he should meet with a case requiring it. Cases of this nature, together with many more, reports of which fill our medical journals, too often to the exclusion of those of practical value to the practitioner, are of value principally to the specialist, who, by special education and training, is fitted to profit by them and to appropriate the suggestions furnished by them. The general practitioner has suffered himself to be kept too much in the background by the specialist, who, by the way, has a stimulus to publish his cases which does not operate on the former. The specialist receives his patronage largely through the general practitioner, who deals directly with the public, and who, therefore, receives no direct benefit from the publication of his article. Every article written by the specialist is an advertisement for him—perfectly legitimate, of course, but still an advertisement. The only benefit the general practitioner receives from his article consists in the article which his effort may stimulate a brother practitioner to publish. I may say, incidentally, that I have derived an unusual amount of benefit from the short, crisp, practical contributions which the NEWS has contained, and if the notes which I shall submit shall prove of any benefit to the gentlemen by whom I have been thus profited, I shall not only be amply repaid for the effort, but shall also feel that I have in part discharged the obligation under which their contributions have placed me.

Scarlatina.—This disease is a *bete noir* of the medical profession. There is probably no other disease on the list of human ills which the physician would not rather be called upon to treat. Sudden in its attack, rapid in its course, deadly in its results, and when it does not kill, leaving its victim with a grudge, it is one of the most unsatisfactory diseases with which the practitioner has to do. It is doubtful, moreover, whether its course is at all influenced by treatment. Certainly it cannot be cut short, and the most that can be hoped for is, by treating the symptoms and conserving vital energy by means of food and stimulants, to keep the patient alive until the disease shall have spent itself. Treatment in this sense of the term is, doubtless, of benefit. All active medication with any other object in view is not only useless but positively injurious.

The manner of the onset is, as a rule, an index to the severity of the disease. The child that goes to bed well and wakes a little after midnight with an attack of explosive vomiting may in nine cases out of ten be set down as likely to die. Cases which set in more insidiously are more hopeful, showing that the initial disturbance is a guage of the quantity of the virus which has been absorbed. The quantity of this virus, other things being equal, doubtless also determines the variety of the disease; that is, whether it shall be simple scarlatina, the anginose variety or the malignant, for as far as we know these varieties are differences in degree and not in kind. This view, I think, receives support from the fact that all of the varieties may, and actually do, occur in the course of the same epidemic. Different subjects have different receptive capacities, these being dependent both on the condition of health at the time of the exposure and on peculiarities, or idiosyncrasies, beyond the power of science to determine. As illustrating the course of simple scarlatina and the line of treatment which I have been in the habit of pursuing I will report the following:

Lizzie P., aged 10, came home from school during the noon hour feverish, and with a feeling of general malaise. Scarlet fever being prevalent in the neighborhood the cause of the little girl's illness was at

once suspected and I was sent for, and arrived at three P. M. The temperature as taken under the tongue was 101°. An examination revealed no eruption. The bowels being constipated and the tongue slightly coated I ordered two teaspoonfuls of cream of tartar to be taken with an equal quantity of sugar in a glass of water. This, by the way, is a very pleasant and effective aperient, the pleasantness being a quality which especially commends it for children. An early visit on the following morning revealed a number of spots on the chest and on the forehead, which during the day spread and coalesced into the characteristic rash. During the night there had been some delirium. Temperature increased to 102°; breathing hurried, pulse 130, considerable restlessness and thirst. The child was removed from her own bed-room, which was small and did not offer conveniences for ventilation, into a large room communicating with a room in which the window was left open notwithstanding the lateness of the season, this being November. I regard such ventilation as will secure a constant change of air as one of the most important points in treatment. Leave the windows open even if it is necessary to increase the consumption of fuel to keep the room warm, but be careful not to allow a draft to strike the patient. The temperature of the room should not be allowed to exceed 70°.

The following prescription was left:

℞. Liq. ammon. acetatis - - - ℥ ij.
Tr. aconiti rad. - - - - - - gtt xij
Spts. ætheris nit - - - - - ʒ j.
Syr. limonis q. s. ad - - - - ℥ iij.
M. Sig., a teaspoonful every two hours.

The surface was ordered to be anointed with fresh lard morning and evening. The pharynx, tonsils and palate were somewhat congested, and hence the aconite in the prescription. I regard small doses of this drug as very valuable in this condition of the throat, whether due to specific disease or to the effects of cold. As a diet, ordered milk containing a tablespoonful of limewater to the glassful.

On the morning of the third day, temperature 103°, eruption general but most intensely colored at the flexures of the joints, pulse 136, strawberry tongue, throat covered with tenacious mucus and making deglutition painful. Ordered treatment to be continued.

Fourth day.—Eruption beginning to fade, temperature 102° in the morning, increased to 103½° in the evening, pulse 120. Treatment continued, with the addition of two grains of carbonate of ammonium to each dose of the liquid.

Fifth day.—Eruption just perceptible; slight roughness of skin perceivable on passing the hand over the surface; temperature down to 100°; pulse 106; soreness disappeared from throat.

℞. Tr. ferri muriatis - - - ʒ j.
Liq. ammon. acet. - - - - ℥ iij.
Syrup simp. - - - - - - ℥ j.
M. Sig., a teaspoonful every three hours.

Sixth day.—Eruption entirely gone; exfoliation apparent to the eye; temperature 101°; pulse 110; patient not feeling so well as yesterday. Treatment continued.

Seventh day.—Exfoliation progressing satisfactorily; temperature 99°; child sitting up in bed; appetite returning.

Without following this case out further in detail I would say that it went on without any drawback to complete convalescence. The slight drawback on the sixth day is in my experience a very common occurrence, and following the decided betterment which is the rule on the fifth day, is apt to excite alarm. It need, however, not do so.

I have selected the above case as a typical one of scarlatina simplex. There were no sequelæ, and recovery was complete.

A Novel Case of Obstetrics.

BY W. C. BRITTAIN, M.D.

I was called last night, January 9th, to attend Mrs. M. in her first labor. When I arrived I found upon examination a fully dilated os and a breach presentation, the breach having already descended low in the maternal pelvis; labor was tedious, and I had finally to make gentle traction in the groin, when I soon succeeded in accomplishing the delivery of a living female child. Then, during my usual examination before severing the cord, I found a second child presenting by the head, but giving evidence of non-developement. I then took hold of the head with my thumb and finger, and at once delivered the almost bare skeleton of a fœtus at about six months of its fœtal existence.

I then delivered the placenta, and found that each cord was adhered to the same, and found the part of the placenta to which the cord of the living child was attached was in a healthy condition, but the part to which the cord of the dead fœtus was attached was light in color and divided directly across the placenta by a well marked line, or ridge, and gave evidence of having been detached from the uterus at the time of the death of the fœtus; but what seemed singular was that the woman had not had any flooding at any time during the period of utero-gestation and had not experienced any inconvenience at any time more than that which is peculiar to the pregnant condition.

Cochranton, Pa.

Treatment of Diphtheria.

BY N. A. DRYER, M.D.

During the last year I have treated one hundred and five well marked cases of diphtheria, four proving fatal. One died thirty-six hours after I first saw him. His parents supposed he had quinsy; had been sick four days; one had croupal symptoms which ended in asphyxia; one from destruction of the blood. In the fourth case the mother would not compel the child to take the medicine; on the seventh day it died, and left me as a legacy the ill will of the family for not doing my duty. I plead guilty to a certain neglect, for I should have dismissed the case on the fourth day when I found that my instructions had not been followed.

The treatment I have used, (except in a few very severe cases in which I ordered the inhalation of the steam from slacking stone lime from five to ten minutes, and a little biniodide of mercury triturated with sugar given dry on the tongue every three hours), has been, permanganat of potash grs. ij, water ʒ j, mix. Saturated solution chlorate of potash ʒ j, fl. ext. belladonna gtts. vj, mix. Muriate tincture of iron gtts. xvj, water ʒ j, mix. These three solutions I gave in teaspoonful doses, alternating them every hour, allowing nothing to be taken for ten minutes after taking the medicine.

When the patches had disappeared I discontinued the permanganate, and gave the other two solutions two hours apart; and lastly gave the iron three times a day, after meals. I gave the above amount to children from seven to ten years of age. I do not know, nor have I read, of any one carrying out this plan of treatment. I give it to the profession for what it is worth.

Bath, Michigan.

Selections.

The Medicated Spray in the Treatment of Diseases of the Conjunctiva.—The use of the spray as a means of making applications of medicated fluids, enjoys the advantage that it spreads out in every direction, distributing itself equably to all parts of the diseased surface: not too much here, too little there, and none at all somewhere else, as must frequently be the case when medicaments are conveyed to the conjunctival surface in the usual manner, by means of a brush or a piece of cotton wound about the end of a match, or a dentist's cotton-holder, or by being dropped into the eye. In the treatment of pharyngeal diseases, the spray is the choice method, and its advantage over other modes of making applications is generally conceded.

The advantage of this procedure is especially striking in the treatment of diseases of the mucous membrane of the eye lids. To these parts the sulphate of copper is very frequently applied in crystal, or a solution of this and other medicaments is conveyed to the conjunctiva by the means above mentioned; and, the eye being closed, it is left to the movement of the lids to bring the fluid thoroughly in contact with all parts of the conjunctival surface, the cornea, of course, receiving in the majority of cases, an undesired share of irritation. These manifest disadvantages are certainly avoided by the use of the atomizer.

This method is greatly appreciated by children, who shrink from the application of the "*blue stone,*" etc. After having been once used, they will ask for the spray, and the cool stream of air which accompanies the spray evidently gives great comfort. In other words, little patients do not fear the spray; and their lids, which, especially in acute inflammation of the conjunctiva, are kept spasmodically closed whenever the little ones are confronted with an application which gives them pain,—will be relaxed, and the somewhat rude manipulation often necessary in everting the lids, will be avoided when this procedure is resorted to.

I was first led to the use of the spray in the treatment of conjunctival diseases during the spring of 1878, while treating a number of children with purulent conjunctivitis. Canthotomy was indicated and performed in all of the cases, and with marked relief; but there still remained great tenderness and considerable swelling of the lids, which bled quite unusually much, even on the gentlest handling; iced cloths were kept on the lids, a solution of borate of soda in camphor water (B. P.) 30 gm. ad 30 gm. (gr. v—ʒ j), was applied by means of the spray to the closed lids, while they continued hot; these applications were made perhaps ten times in twenty-four hours in some of the cases, and there was no doubt about the comfort they afforded. The discharge from the lids was very profuse, and the eyes were frequently washed with a solution of sodium chloride in water, 4 gm. ad 32 gm., (ʒ j—ʒ j): a small bag syringe was used, the fine nozzle commonly attached being removed, so that the stream was quite a large one; but it has less force than when passed through the fine nozzle, which is an advantage, and the eye is certainly more easily cleansed.

After the subsidence of the more violent inflammatory symptoms, a solution of alum or chlorate of potassa 2-100, was applied to the conjunctiva with the atomizer.

Patients will, perhaps, not recover much sooner under this peculiar treatment, but they are certainly saved much unnecessary pain, especially when they are left to nurses or less experienced persons.

Davidson's Patent Atomizer is the one that I use, and it possesses the advantage that it can be worked with one hand, while the other remains free to manipulate the lids, etc.; this is, of course, not possible when the ordinary spray apparatus is used, and which requires the employment of two hands, the one to hold the bottle, the other to compress the bulb; the presence of an assistant, therefore, being necessary to maintain the everted lids in position.

The instrument consists of a bottle, in the back of which is an excavation to receive the rubber bulb; the bottle must be held erect or it will not work.

In the treatment of trachomatous conjunctivitis, with pannus, the spray, medicated with tannin, 1 gm. (gr. xv), glycerine, 8 gm. (ʒ ij), aqua, 30 gm. (ʒ j) may be directed directly upon the cornea, three times daily; or the sulphate of copper in 2-100 solution may be used, but less frequently, once a day being sufficient, or chlorate of potassa, 2-100 does good service. In such cases, the fluid should, I believe, be first warmed, as the cold spray might be followed by too much reaction. In winter, the bottle of atomizer should always be kept in warm water while in use.

Cantholysis will frequently be indicated in trachomatous conjunctivitis with pannus, and must, of course, not be neglected for the spray. In corneal inflammation, on the other hand, care must be taken to avoid spraying the cornea; this may be accomplished in the following manner:

First evert the upper lid and hold it so with the index finger of the left hand, then pull down the lower lid with the thumb of the same hand; now direct the patient to close the eye; the two everted surfaces will thus be brought together, and the cornea completely protected; at the same time a large extent of conjunctival surface will be exposed for the application of the spray. In order to effectually spray the superior and inferior palpebral folds, direct the patient, with the lids everted as above, to look alternately downward and upward; by this manœuver, these folds will be brought prominently into view.—J. A. Andrews, M.D., in *Archives of Medicine.*

Treatment of Enteric Fever.—In Vol. IX, St. Thomas's Hospital Reports, just issued, we find the following *résumé* of the treatment of seventy-one cases of enteric fever, in which the death-rate was 11.1 per cent.

On examining the bed-tickets of the seventy-one patients it is found that in by far the great majority of cases the treatment adopted has been expectant. As a rule the following course has been adopted: The patient has been bathed (washed) on admission, and then kept perfectly quiet in bed till the tenth day after the temperature has sunk to normal. For the most part the diet has consisted of milk, beef tea, occasional eggs, with alcoholic stimulants when indicated by the constitutional state. The medicines ordered were either salines, effervescing or otherwise, or the mineral acids. Thus, it may be stated, that in no case has any treatment been adopted which would have for its object the arrest of the fever—in other words, no methods of relief were prescribed as specifics; for although salicylate of soda and quinia were given in one or two cases, they were used for the control of hyperpyrexia; and in the same category must be placed the graduated bath. The medicines most frequently ordered have been the dilute hydrochloric acid, effervescing citrate of potash, and preparations of ammonia.

In order to reduce hyperpyrexia, the graduated bath was administered in ten cases. This subject is treated in a separate paper by Dr. Ord, in which he says :

To sum up the general results of observation and reflection, the following propositions may be laid down : that the graduated bath, reduced, during a period of from twenty to thirty minutes, from between 90 to 100 to between 70 and 60° Fahr., is a powerful agent in the reduction of febrile temperatures; that in enteric fever it is most efficient and most safely applied early in the disease; that it is not contra-indicated by intestinal, cerebral or pulmonary complications, but on the contrary distinctly tends to check them; that it is contra-indicated by excessive feebleness or rapidity of the pulse, or by great exhaustion; that it is desirable in many cases of intense fever to use the bath more than once; in fact, to repeat it as long as the fever is unchecked, but not to repeat it at shorter intervals than twelve hours, an apparent revival of the temperature often subsiding after such a period. And I am of opinion that the systematic use of this kind of a bath as early as the seventh or eighth day of fever is likely to contribute importantly to the reduction of the mortality from enteric fever in hospitals.

As regards the treatment of diarrhœa, no astringent or other remedies were prescribed so long as the purging was not severe; but any case in which there were passed three or more loose motions per diem was treated with special remedies.

In the treatment of urgent diarrhœa sulphuric acid was frequently prescribed, often in conjunction with opium, or opium and its preparations were used, such as catechu, hematoxylin, etc. When the purging became severe, and a remedy was required which should act in a short space of time, enemata with opium, or morphia suppositories (gr. $\frac{1}{2}$) were used. Occasionally the tincture of assafœtida was added to an enema if there was much distension of large intestine. Hemorrhage was mostly treated with ice-bag to the abdomen, and either morphia or opium by some of the physicians, or spirits of turpentine by others. This last remedy, by results, would appear to have been most efficacious. Ergot was given in three cases. The guide to the seat of application of the ice-bag has been the situation of pain and tenderness. The ice-bag was not invariably ordered when hemorrhage was suspected or showed itself, and when it was applied some astringent was also administered.

In perforation or peritonitis opium was mainly trusted to, and was given in large and continued doses. In one case it had a markedly beneficial effect upon hiccup which was causing great distress. Vomiting, if it became severe, was met by ice, effervescing salines, the subnitrate of bismuth, hydrocyanic acid, and rarely liq. strychnia. In one case the vomiting was arrested by an addition to diet.

Delirium and sleeplessness were treated with chloral in four cases. Opium was the general remedy, and occasionally bromide of potassium was prescribed, either by itself in large doses (gr. xx), or in combination with other drugs. Further, although the prime reason for ordering a graduated bath was the high temperature, the bath was nevertheless a very successful remedy in controlling delirium.

Constipation was combated in the great majority of cases by enemeta, either simple ones of gruel, or with castor oil thrown in. The rule has been to give one every second or third day if the bowels were very obstinate, but not so frequently if no discomfort. Laxatives were rarely given, and only toward the end of the fever. They consisted of castor oil in drachm or two drachm doses, or preparations of senna.

Quinia was given in three cases in large doses with a view to the reduction of temperature, but only with slight temporary benefit. To two of the above patients salicylate of soda was given after the quinia had partly failed. Finally, in a fair minority of patients, no medicine was prescribed at all, the only remedy on the bed-ticket being an occasional simple enema.

As regards alcohol, the diet columns show that twenty-six, or over one-third, patients received no

alcoholic stimulant whatever, or some only during convalescence. Of the remaining forty patients, thirty-three were ordered stimulants during their first week's residence, and seven only during the second week—in other words, when the fever was most severe. The quantity varied from one glass of wine to eight ounces per diem, and in one case to eight ounces of brandy.—*American Practitioner.*

TREATMENT OF DIPHTHERIA.—Thomas Gurney, M.D., senior physician to the London City Dispensary, gives the following as his treatment in this disease:

"Since I have held the position of physician to the City Dispensary I have had considerably more than one thousand cases of disease of the throat under my care, many of which, both in public and private practice, have been cases of diphtheria. About this, by far the most serious disease of the throat, we have much to learn. The stiffness in the neck, the disturbance of the circulation, the rapid rise of temperature, before any affection of the throat is observed, all point to its being a blood poison calling for prompt and decisive treatment.

The two questions that arise when called to a case of diphtheria, as, indeed, in all diseases, are, How does the disease tend to kill the patient? and How does Nature endeavor to rid herself of the disease?

Diphtheria tends to kill by suffocation and by its poison exhausting the vital energy. Suffocation may be either accidental, or as a natural result of the throat affection—accidental if, when the membrane is thrown off, it becomes lodged in the larynx; natural if the swelling inside the throat shuts off the supply of air to the lungs. Nature will attain the mastery over her enemy if the strength be kept up and the deposits arrested. With these points to guide us we know that the arrest of the disease and nutritious support are our great aim. To succeed in this I have adopted a respirator made of the ordinary shape and size, the front being minutely perforated. Inside of the respirator I have two or three perforated plates inserted, between which I place common tow (not cotton-wool); I then drop on each of the layers of tow ten to twenty drops of a solution of carbolic acid, creosote, and glycerine. Should the patient tire of these, I use turpentine or iodine. I place the respirator over the mouth, and keep it continually applied. My next idea is to provide the patient with warm moist air. To do this I have two kettles of water kept boiling on the fire; attached to the spouts of the kettles I have an elastic tube of an inch calibre, at the end of which is a spray-like nozzle, which I put immediately under the mouth of the patient. By this means I get my disinfectant remedies carried moist to the throat. As a sedative to the pain I know nothing so comfortable to the patient. Previous to this I take care to give an active purge, which usually removes offensive stools of effete, poisonous matter. Internally I give aconite in frequent small doses—two to four minims of the tincture; at the same time freely supporting the strength with milk, cream and eggs, with or without brandy, and beef-tea *ad libitum*. As a drink, I recommend patients to take as much chlorate of potash in solution as they can without vomiting. I have found chlorate of potash highly beneficial in all cases of a low typhoid character. If this is objected to, I advise the juice of lemon to be taken—by many thought to be a specific for diphtheria. Should the system be very weak, I prescribe belladonna instead of aconite; but I find better results from the latter. As soon as the urgent symptoms have subsided I order strychnia, with or without nitro-hydrochloric acid—this not only being the best tonic, but also preventing the paralysis which so often follows diphtheria. I have found this treatment to be highly beneficial, but knowing the tendency there is to rheumatism after this terrible disease, I never forget our friend the bicarbonate of potash.

RINGWORM—ITS PECULIARITIES AND TREATMENT.—Robert Liveing, M. D., F. R. C. P., lecturer on skin diseases at the Middlesex Hospital, in a lecture published in the London *Lancet* calls attention to several peculiarities of ringworm. Among these is the *distribution* of the disease. It is comparatively rare in Germany and very frequent in France and England, attaining its greatest severity in France, where it not unfrequently leaves permanently bald patches. It seems to attack some families with more severity than others. A curious fact is that the "gutter" children, the most neglected and ill-cared for class, are practically exempt from the disease, thus apparently exploding the idea that filth is the cause.

The diagnosis of the disease is generally easy. One or two scurfy, itching spots on the head, of somewhat rounded form, and studded with opaque, twisted hairs leave no doubt as to the nature of the the eruption. A very important question is that of the contagiousness of ringworm. Strictly speaking the disease is contagious until it is cured; indeed, as long as scurfy spots remain, even though the hair is growing, it may be propagated. It is, however, far more contagious when it first appears, before any remedies have been applied, than it is while under treatment. The best remedy to prevent its spreading among children, when they are obliged to associate together, is the carbolized glycerine of the British Pharmacopœia, either pure or diluted with a little more glycerine; it should be well rubbed over the whole scalp every morning.

In regard to treatment, nothing is easier to cure than tinea tonsurans of the trunk, or more difficult to deal with than the same disease when it is well established in the scalp. The remedies in common use act in two ways: 1st, by setting up a sufficient inflammation in the skin to lead to the destruction of the disease; 2d, by simply antagonizing the Trichophytor tonsurans. Remedies which act in the manner first indicated are such as acetum cantharidis and strong acetic acid; sulphur ointment, the white precipitate ointment and sulphurous acid lotion belong to the other class. Many remedies combine these two actions, as, for example, chrysophanic acid ointment, iodine liniment, and strong carbolized glycerine. Strong remedies are always contra-indicated

in very young children ; a little tincture of iodine painted on once a day for a few days, followed by the use of white precipitate ointment will be all that is required in these cases. Strong treatment may be used in older children, but even in these the remedy must be chosen with reference to the extent of the mischief. It is very unwise to make a large sore place on the scalp, as such a sore may prove more troublesome than the ringworm itself. If, however, the disease is in an early stage and consists of one or two small circumscribed spots, the best plan is to cut the hair short all round the spots, and apply with a brush Corbel's paste, acetum cantharides, or iodine liniment. At this stage a few applications will sometimes arrest the mischief. A single painting with the pure carbolic acid is thoroughly effective, but it is a strong remedy, and gives some pain. It is always very unwise to trust strong remedies in unskilled hands. When the disease extends over a large surface milder measures must be resorted to—tincture of iodine of double strength is a good and safe mode of treatment. This may be followed by the use of the nitrate of mercury ointment, diluted according to circumstances, or an ointment containing the red and white precipitate of mercury and sulphur or the oleate of mercury (10 per cent.) Goa powder or chrysophanic acid, in strength of thirty grains to the ounce is very effective in some cases. When carefully watched so as to guard against the severe inflammation it is liable to set up it is a good application.

Success in treatment will depend on the judgment with which the remedies are adapted to the individual case, in avoiding too much inflammation and at the same time choosing a sufficiently strong application. Epilation, so largely practiced in France, Dr. Liveing does not regard as necessary. Inasmuch as ringworm is usually associated with a generally unhealthy condition of the skin, which is badly nourished, such tonics as iron and arsenic are indicated. This is quite in accordance with the fact that many local diseases are influenced by general treatment.

Treatment of Ozœna.—Browne says that he has for a very long time abstained from prescribing carbolic acid as a gargle or nasal douche, not only, however, on account of its danger, but also because of its taste and odor, which are to many persons most objectionable. Permanganate of potass. also, though to be highly recommended on account of efficacy and price, has the disadvantage of staining the skin, as well as all linen with which it comes in contact. This objection does not apply with the same force to Condy's ozonized sea-salt, which is, I believe, simply a mixture of more or less purified common salt with the permanganate; and, in the proportion of a teaspoonful to a tumblerful of warm water, it serves very well the double purposes of a mild antiseptic and of increasing the specific gravity of the irritating fluid used with the ordinary anterior nasal douche. In cases of actual ulceration, with necrosis of the nasal passages, however, something stronger is required; and, in the early part of this year, Mr. Martindale, of 10 New Cavendish Street, London, took great trouble in preparing for me some solutions of thymol, salicylic acid, etc., and on which we jointly experimented.

Commencing with a solution of thymol (five grains in twelve fluid ounces of water, with a little glycerine and rectified spirit—that is, 1 in 1,000, the proportion of Volkmann's solution), we found that it was necessary to dilute it to one-fonrth of this strength before it could be borne as a nasal douche, and even then the smarting produced was of a much more stinging character and of much longer duration than that caused by any other remedy in ordinary use and similarly applied. As a gargle, also, even when the mucous membrane was normal, it produced quite an irritant effect. On this account, therefore, we rejected it from further consideration.

We then tried salicylic acid in the following form: Salicylic acid, 2 drachms; rectified spirit, 10 drachms. One fluid drachm of this solution (representing 10 grains of the acid) to half a pint of tepid water—in other words, about 1 in 500—made an agreeable non-irritating and efficient gargle or nasal douche for use with the post-nasal syringe, but did not serve with the ordinary anterior douche, because the specific gravity of the fluid was not sufficiently great. We therefore tried the following: Borax, 3 drachms; salicylic acid, 2 drachms; glycerine, 2½ ounces; water to 3 fluid ounces. One or two drachms of this mixture to the half-pint of water, at 95° F., acted quite efficiently, whether used with the anterior or the post-nasal douche, or as a gargle; and this form has now been used by me for many months. It has the advantage, over and above its antiseptic qualities, of being not only non-irritating, nor obnoxious in taste, but, on the contrary, of being even emollient, and of agreeable flavor.

Acute Rheumatism.—No single remedy can be applied to every case of acute rheumatism. For successful treatment, the form and type must be taken into consideration.

1. In the feeble, anæmic, nervous subject, I give tinct. ferri chlorid., ♏xxx, every four hours; order the joints to be kept at rest, wrapped in cotton if the patient desire it; and if they are very painful, small blisters (the size of a silver dollar), to be applied around them. An occasional laxative of Rochelle salt is added. The iron cuts short the disease, lessens the danger of cardiac complication, and also has the power, as Anstie pointed out, of preventing impending attacks. The blisters relieve pain, and bring about a more alkaline condition of the blood and urine. Thus treated, cases of this type rarely last more than two weeks, heart complication is infrequent, convalescence is rapid and relapses uncommon.

2. Fat and flabby subjects require the alkaline plan: Two drachms of potassium bicarbonate, ½ drachm of citric acid and four ounces of water every three or four hours, until the urine ceases to be acid; when the amount is to be reduced one-half, the reduction being then continued daily until the fourth or fifth day, when, if the urine continue alkaline, quinia (six grs. every four hours), or preferably tinct.

ferri should be added. If the attack is severe blisters are applicable. With this treatment, this class gets well within two weeks.

3. Vigorous subjects, often with hereditary tendency. These cases are often promptly relieved by salicylic acid in scruple doses. Not less than ʒ ij should be administered in twenty-four hours, and considerably more may be required. It is more effective given in solution with an excess of alkali. A cure is thus not unfrequently effected in three or four days, but some stomachs cannot bear it, and if it depress the heart it must be stopped. If after three or four days it produce no improvement, it is useless to persist in it. In all forms the diet should be liquid. Opium is objectionable by checking elimination; atropia promotes elimination, and is therefore preferred as an anodyne, being given hypodermically in the neighborhood of the affected joints, and it is rarely necessary to exceed gr. 1-80 a day.

Should cardiac complication arise, the carbonate of ammonia (gr. v, doses frequently), and infusion of digitalis, with hypodermic injection of morphia should be given at once, to dissolve fibrin, check inflammation and lessen the work of the heart. When the acute symptoms have subsided, substitute iron and quinine for the ammonia and morphia. Experience also shows a blister on or near the præcordia to be useful.

In the sudden hyperpyrexia (fortunately very rare), where the temperature leaps without cause to 106°—109° F., the cold bath is necessary to ward off certain death.—*Bartholow.*

Pleuritic Effusion Treated with Jaborandi. —Joseph W. Hunt, M.D., in the November number of the Dublin *Journal of Medical Science*, gives the results of three cases of pleuritic effusion treated with jaborandi. Dr. Hunt remarks that the mode of action is obvious. The fluid contents of the blood-vessels being diminished by means of the excessive cutaneous secretion, a compensatory absorption of fluid takes place from the tissues and cavities of the body, and the blood-vessels thus absorb even more than they give out through the skin.

In the first case the patient came under treatment August 20, 1878, with his right pleura full of fluid, the heart being displaced outside the nipple-line and the liver depressed three inches. He was aspirated the same afternoon and the severe dyspnœa relieved, but below the angle of the scapula there remained dullness, and vocal fremitus was absent. Large doses of tincture of iron were given, and he was painted freely with iodine every other day. This treatment had no effect in causing absorption of the remaining fluid, and he was ordered a mixture containing iodide and acetate of potash and scoparium, which likewise failed to produce the desired result. Therefore on September 4th he was ordered jaborandi in doses increasing up to a drachm and a half of liquid extract every four hours. This caused considerable diaphoresis and a speedy absorption of the fluid, so that on September 13th the breath-sounds were louder, the dullness considerably diminishing, and vocal fremitus normal except over the very base. On September 28th he was discharged cured.

The second case was admitted to the hospital March 1, 1879. He had been complaining of pain in the side for eight weeks, and marked signs of an effusion in the left pleura were found. He was treated with a saline diaphoretic mixture up to the ninth day without improvement, at which time thirty ounces of fluid were drawn off by aspiration, and he was ordered a mixture containing digitalis, iodide of potash and scoparium. This treatment, continued to March 26th, still left absolute dullness below the tenth rib posteriorly, and vocal fremitus deficient below the middle of the scapula; so a drachm of jaborandi was ordered every three hours, which by April 2d had caused all the symptoms to disappear, except what a thickened pleura would account for.

The third case was admitted to the hospital February 27, 1879, with temperature 101°, pulse 80, respiration 23, with night-sweats, dullness on right side as high as the angle of the scapula, with absent vocal fremitus. On admission he was ordered jaborandi, in doses gradually increasing to one drachm every two hours before trying any other treatment. Improvement was rapid, and by March 14, vocal fremitus was present all over the back, and dullness began at the tenth rib.

All these patients bore the jaborandi well, one of them increasing in weight while he was sweating so profusely. With the exception of diaphoresis and salivation, there was no inconvenience attending the administration of the jaborandi. In none of the cases was there any beneficial result obtained till profuse diaphoresis was excited.—*American Practitioner.*

Hydrobromic Ether, or Bromide of Ethyl. —Dr. Laurence Turnbull said that in the summer of 1877 he had introduced the use of hydrobromic ether to the profession. He first experimented upon himself as to its safety and the advantages of it as an anæsthetic, and since that time he had employed a large quantity in numerous operations, which are recorded in his work. Since the publication of the second edition he has added many other cases, in all about one hundred. The doctor brought the use of this ether before the British Medical Association at Cork, and recommended its use as a sedative in certain hysterical and nervous forms of deafness and noises in the ears, by introducing the vapor by the middle ear, also administering it internally. He had read a paper before the Pharmaceutical Section at the International Congress at Amsterdam, and there proved the following facts in relation to it:

First. That it was safe as an anæsthetic, rapid in its action, and also being eliminated from the body quickly.

Second. It was much more agreeable in its odor and taste than the ordinary ether, and therefore can be used in a private office or lady's chamber.

Third. The cost is now about thirty cents per ounce, and almost any ordinary case can be brought under its anæsthetic influence.

Fourth. Vomiting is very rare, unless the stomach has been recently filled to repletion.

Fifth. Recently, in the Pennsylvania Hospital, Dr. R. J. Levis informed him that he had employed the hydrobromic ether with perfect success in numerous protracted operations. Also, he had a letter from Chicago that Dr. Byford and one other surgeon of that city have used the ether with entire success in protracted operations.

Sixth. That the pulse is increased in force and volume, and respiration very slightly increased over the normal; the pupil did not seem to be influenced except in a slight degree.

Seventh. In some cases there remains an odor like mustard about the patient, where the ether has been used in a protracted operation.—*Medical Times.*

Nitrite of Amyl in Uterine Hemorhage.—For some years Dr. Koehler has, with great benefit, made use of warm fomentations to the head in cases of uterine hemorrhage, the object of these applications being to prevent anæmia of the brain, and of the heart. Convinced of the success of this mode of treatment, and supposing the result to be due to a rapid dilatation of the cerebral vessels, Mr. Kerr argued that in nitrite of amyl we had a more rapidly acting and more powerful agent to produce a similar effect. This idea occurred to him when attending a case of rather severe *post-partum* hemorrhage; and, happening to have some of the drug with him, he at once put his theory into practice by administering five minims, by means of a Skinner's inhaler, with immediate and most satisfactory results. The hemorrhage ceased at once, and permanently, and the patient was restored from a state of collapse. Indeed, in this latter respect, its effect was only comparable to that of the hypodermic injection of ether. Mr. Kerr has not been able to find any notice of nitrite of amyl having been heretofore used with the above views, and, of course, a single case would hardly suffice for a general inference, but he promises to give the medicine a more extended trial. —*British Medical Journal.*

Bromine Vapor in the Treatment of Croup. —Dr. Netolitzky has employed the treatment of croup recommended by Dr. Schutz three years ago, in nine cases with seven recoveries. He used the following formula: ℞. Bromi puri, Potass. bromidi, ää grs. vijss–xv.; Aquæ ʒ v–vij. M. This solution was poured on a small sponge or on cotton, and the patients inhaled the vapor given off by it for five or ten minutes every half hour. The potash is added to retard the too rapid volatilization of the bromine, which necessitates also a frequent moistening of the sponge or cotton. When there was a tendency to renewal of the exudation, the inhalations were continued for a prolonged period, but weaker solutions were used. Ipecac and other expectorants were given at the same time. One great advantage of these inhalations is the facility with which they can be administered, no special apparatus being required. They do not excite any affection of the respiratory organs, are not specially liable to excite cough, are easily borne, and can be employed at any age. Bromism was not produced in any of the cases Dr. Netolitzky does not regard the 'bromine' inhalations as a specific for croup, but the results obtained by himself and others have been so favorable, that he feels justified in recommending the method of treatment warmly to the profession.—*Allg. Med. Cent. Zeit.—Western Lancet.*

Nasal Catarrh.—For nasal catarrh Blackwood recommends cleansing the parts daily by means of the nasal douche with a solution of common salt in water, alternating with one of potassium biborate, and adding a few grains of potass. permanganate when fetor is great. The liquor sodæ chlorinatæ replaces the potass. permanganate in delicate blondes. Half an ounce to one ounce of the distilled extract of witch-hazel is frequently efficacious, also the simple or the compound tincture of benzoin. After preparing the parts as above in cases of long standing, a number of astringent or alterative remedies can be selected. Granulations or adenoid tissue if excessive should be removed by the curette or galvano-cautery. Ulcers and abrasions should be cauterized by strong solutions of nitrate of silver, or by glacial acetic acid, or by tincture of iodine. Loose portions of bone must be carefully detached. After considering attention to general health, the author states "of all therapeutic measures I value none more highly than electricity." Either the galvanic or the faradaic current may be necessary—sometimes both. Care must be taken in galvanization, from the proximity of the basilar brain. Under certain conditions the disease is contagious, even when not syphilitic.—*N. Y. Med. Journal.*

Intravenous Injection of Milk and of Sugar. —In a paper giving to the Société de Biologie an account of a series of experiments which they have undertaken, Drs. Montard-Martin and Charles Richet arrive at the following conclusions:—1. Injection of a large quantity of milk kills by bulbar anæmia. 2. The introduction of the lactic ferment into the veins of an animal seems to produce no effect. 3. Injection of concentrated solutions of sugar kills by bulbar anæmia. 4. Milk injected into the vascular system produces no immediate action, either on the pulmonary circulation, on muscular contractility, or on the vitality of the cerebral nervous centres or the nerves. 5. Sugar injected into the veins is rapidly excreted by the urine, and induces an intense polyuria and an abundant intestinal secretion. 6. The symptoms ensuing on large injections of milk are vomiting, polyuria, movements of deglutition, and later, sharp cries, disturbance of the respiratory innervation, contraction of the muscles of the limbs, and arrest of the action of the heart. 7. At the autopsies of animals killed by the injection of milk or sugar there is found very marked intestinal injection, and subendocardiac ecchymoses are of *constant* occurrence. 8. In a therapeutical point of view the injection of milk is a useless and dangerous operation, and one which should be absolutely proscribed.—*Gaz. Méd.*

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

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Editorial.

Alcohol.

A very observant man has remarked that "the way to argue down a vice is not to tell lies about it, —to say that it has no attractions. when everybody knows that it has—but rather to let it make out its case just as it certainly will in the moment of temptation, and then meet it with the weapons furnished by the divine armory. Ithuriel did not spit the toad on his spear, but touched him with it and the blasted angel took the sad glories of his true shape. If he had shown fight then, the fair spirits would have known how to deal with him."

Our remarks on alcohol in our issue of January 10th have elicited a number of inquiries regarding our position on the temperance question. While we are not prepared to admit that the question is relevant, we still are ready to admit that we are strongly in sympathy with the most effective means of ridding society of the great evil. We cannot, however, admit that the dangers which follow the indiscriminate use of alcohol should be urged, as the more ardent temperance reformers frequently do urge it, as a reason why alcohol should not be employed as a medicinal agent. The abuse of opium is fraught with mischief scarcely less deplorable than that attending the abuse of alcohol, but this fact is probably never urged by the physician as a reason for eliminating the *magnum donum deorum* from the Materia Medica. Chloral hydrate, so recently introduced, has even already been productive of evils, in individual cases, fully as pernicious as those of alcohol, yet to banish this drug from our list of remedies would be to deprive us of an article of great value in selected cases.

It is one of the beauties of science that she has no prejudices, and that her votaries are secure within her sacred precincts from the condemnation of the multitude for opinions held or expressed. It would be an unwise thing for a lecturer on a public platform to argue that alcohol should be recommended as a universal beverage because it retards waste of tissue, and is a great economizer of food; that under its influence the mind may be stimulated, "the sluggish intellect aroused, the slow speech quickened, the cold nature warmed, the latent sympathy developed, the flagging spirit kindled." Yet able scientists, and true philanthropists, and humanitarians withal, have claimed all these virtues for it. Good men have also claimed that the popular belief that the moderate use of alcohol necessarily developes into its abuse, is a delusion; that before any vice can fasten on a man, his body, mind or moral nature must be debilitated, that the mosses and fungi gather on sickly trees, not on thriving ones, and that it is only when "the wandering demon of drunkenness finds a ship adrift—no steady wind in its sails, no thoughtful pilot directing its course—that he steps on board, takes the helm and steers straight for the maelstrom." There are grounds for believing that most men who give themselves over to their cups are ruined before they commence to drink, and that drunkenness is not so much an outcome of moderate drinking as a manifestation of an inherent vice, and that treatment, to be the most effectual, should be commenced at the incipiency rather than after the culmination of the disease, for a disease it doubtless is.

The report by Dr. Dolan referred to in our previous remarks on alcohol contains many interesting points. A Mr. Mott having observed of 300 cases in Lambeth work-house that "in nine out of ten the main cause for their pauperism was an ungovernable inclination for spirituous fluids," Dr. Dolan instituted inquiries with a view to determining the correctness of this position, and submits in tabular form the results of these inquiries, basing his conclusions in each case on direct and indirect testimony. These results negative Mr. Mott's assertion very completely. Dr. Dolan very pertinently asks whether, in the case of the inmates of poor-houses who are drunkards, the amount of money which they have spent in drink properly husbanded would provide a sufficient annuity against old age and sickness? He correctly remarks that

"Calculations of this nature must be entered into when dealing with the drink question, but as a rule they are overlooked, and still more whilst the evils of intemperance are continuously harped upon, the causes which have led to excess are completely forgotten, so that in the well-meaning efforts of temperance reformers there is a tendency to begin at the wrong end. I do not expect any great social amelioration, either in respect to drink or pauperism, until more attention is paid to the dwellings of the poor, and to the sanitary condition of their surroundings—though I mean more by sanitary than what is conveyed by our ordinary conception of the word, for I include under it the moral influences arising from education, and still more from religion.

The pertinacity with which some members of boards of guardians insist on the uselessness of alcohol in work-houses, and on the necessity of medical officers conducting their practice on strict teetotal principles, seems to me, though very praiseworthy as evidence of consistency, yet, nevertheless, as so much misplaced energy, which might be expended to a better purpose. It is right that guardians should exercise some control over their medical officers, and when the quantity of alcohol used seems excessive that they should inquire the reason for its administration. This might be done by consulting the medical officer, and by making a bedside visitation with him. Thus the guardians would see each individual, and would understand from the explanation of the medical officer both the quantity administered to each patient and the nature of the disease. There can be no doubt that this would be a more satisfac-

tory method than the one adopted, of periodically protesting in the name of tectotalism whenever a few gallons of alcohol are placed on the work-house order book. In the true interests of temperance I submit that my plan, as suggested, would be more productive of advantage and satisfaction to all concerned, and 'the thin end of the wedge' would be more likely of introduction."

On the general question of the use of stimulants in the case of poor, old and broken down subjects, such as constitute the bulk of the inmates of work-houses, Dr. Dolan has the following interesting remarks:

"The problem placed before the medical officer of a work-house is a very simple one; given a patient suffering from any disease, to restore him to health as soon as possible, or to prolong his life as far as possible, and to use such means for this purpose as his scientific and honest convictions suggest. The cause of the patient's disease should not affect the medical officer's decision; because a man has, through inherited disease perhaps, fallen into the debased habit of intemperance, he should not be, when sick, punished. If a medical officer of a work-house were allowed to inquire into the cause of each patient's pauperism and to act upon it, he might refuse to attend unmarried pregnant women, or another unfortunate class, sufferers from gonorrhœa and syphilis. If it were clearly established that alcohol increased our work-house mortality, and that its employment, as a medicine, encouraged habits of pauperism, then there would be some reason for its total abolishment.

On the evidence we have at present, I submit that this is not proved. The scientific administration of stimulants is justified until a substitute for alcohol is provided.

What I conceive to be most desirable is the establishment of a scientific law to guide the administration of alcohol, for at present there can be no doubt it largely depends on the individual opinion and feelings of the medical officer. The attention of some of our scientific investigators might be usefully directed to the framing of such a code.

If patients could be cured without alcohol it would be so much the better, for there is nothing to tie the work-house medical officer to the employment of this drug, but we want fuller and more scientific data before this can be accepted."

In the *British Medical Journal*, Aug. 30th, 1879, there is a very impartial leading article on the alcohol question, and the following suggestive paragraph cannot fail to be interesting to members of boards of guardians, as it opens out another problem. The editor says:

"Is there any economy effected in maintenance by disallowing stimulants? There do not seem to be precise data for answering this question. The only satisfactory reply would be a careful and laborious comparison, one with another, of the cost of maintaining patients, as far as possible similar and similarly situated, with and without the administration of alcohol. This comparison would have to take account of age, sex, disease and its duration, former mode of life, cost of maintenance per diem in hospital (it being admitted that patients on a non-alcoholic diet sometimes consume more food than those to whom beer is allowed); and finally, the length of time spent in hospital, with a deduction for work, if any, done upon an alcoholic or non-alcoholic diet. Such an investigation would require skill, care and time, but would not fail to be interesting if well done."

The alcohol question seems capable of indefinite expansion, as it may be considered from so many different points of view.

On Tight Lacing.

Fashion has some strange vagaries, but there are few more strange, and certainly none more injurious, than that which associates beauty with a wasp-like figure. The practice of emulating the insect is not as common as it was in the days when our mothers were girls, but it is still sufficiently prevalent to call for comment, and indeed we think we have heard it intimated by those who take an interest in these matters, that small waists are likely soon again to be regarded as "the thing."

Dr. Dyce Duckworth, in the January number of the *Practitioner*, refers to evils not only of tight lacing but also to those of improper or ill-fitting stays. Stays are mostly made by the gross like gloves, stockings or boots; they are kept in different sizes, but tightness seems to be the only quality on which they are judged. Stays are in themselves not objectionable. The female form divine seems instinctively to demand them. Young girls from a very early age accustom themselves to the constriction, and when they reach the age at which harm is most likely to follow the practice, the same degree of tightness becomes imperative to comfort. Thus it is that the unvarying remark is—"I am not at all tight; my corsets are quite easy and comfortable; I could not endure to be tight; I never lace tight," and young ladies without the ambition for a small waist are thus often led into the abuse.

"The results are more harmful than is generally believed, but they are only such as might be predicated.

I find many cases of dyspepsia in women yield quickly to the use of proper stays. Again and again I have known chronic vomiting in young girls to be due solely to tight stays. Palpitation and dyspnœa, not due to anæmia, are frequently caused by bad stays. The worst cases naturally occur in young women who are inclined to *embonpoint*, and whether this be constitutional or aggravated, as is that condition by anæmia, the obese tendency commonly both adds to the compression, and gives cause to the wearer to increase her troubles in the efforts to retain (what she conceives to be) shapely proportions.

Then the mere compression, bad as it is, is not all the mischief entailed, for steel and whalebones add to the difficulties. In many cases it is quite impossible for the wearer to stoop, run far, or take wholesome exercise; and it comes to this, that many women in reality only carry on proper respiratory movements during the night when their stays are put off. To dress in the morning is to be fettered for the rest of the day; and it is too commonly the case that tight stays lead to undue tightness of the body of the dress.

Now all this is sufficiently intelligible, and to remedy it appears to be a very easy matter. In truth it is not so. It is a little troublesome, and withal somewhat offensive, to push home the necessary inquiries in any given case, and having got so far, it is difficult to persuade the patient of her mistake, and more difficult sometimes to secure any change for the better. Men-doctors are not supposed to understand these matters properly, and if this were grant-

ed, it were well that lady-practitioners came forward, and used their just influence in educating their sisters upon such a point.

Stays of proper form serve several good purposes. I have alluded to them as securing warmth, and they also afford suitable support in cases of adult women, especially if they incline to corpulency. Serious objections attach to such stays as are now much worn, in which undue length adds materially to the compression of the upper abdominal organs. In young girls nothing more than a simple bodice is requisite, which should not reach as far as the pelvis. When the changes of puberty induce alteration in the contour of the thorax and hips, a modification is necessary. In the case of stout women, it is well to employ short and wide stays, and to supplement these by a well-fitted abdominal belt, which affords great support.

I have now before me an advertisement from *La Mode Illustrée* for last month respecting some patent corsets. Here are their proffered excellencies and the remarks about them:

" 'Upon the shape of the corset entirely depends the accurate fit of a lady's dress. These corsets are finished by steam-moulding process, so that the fabric and bones are adapted with marvellous accuracy to every curve and undulation of the finest type of figure. They give support, and fit so accurately and comfortably, that *a very small size can be worn without the slightest injury to the figure.* The variations in fashions are vigilantly watched, and every necessary alteration is made to adapt these corsets to the prevailing style of dress.' "

Is one word of comment necessary?"

An instance in which tight lacing was the direct cause of death is reported in the *Medical Times and Gazette*. A young woman, 19 years of age, died suddenly near the Crystal Palace. It appeared from the evidence at the coroner's inquest that the deceased had been out and on returning became suddenly ill and died in a few minutes. A post-mortem was made and the woman's waist was found to be exceedingly small. One of the ventricles of the heart was so small as to impede the circulation.

Chlorate of Potash Poisoning.

In the observations of Dr. Jacobi, of New York, on the poisonous effects of large doses of chlorate of potash, a synopsis of which was published in the NEWS, Vol. II, No. 9, that gentleman held that large doses of this salt had an injurious effect on the kidneys, setting up nephritis, and ascribed the increased prevalence of congestion and inflammation during comparatively recent years over that of previous years, to the increased popularity of chlorate of potash in throat affections, diphtheria, etc.

Dr. F. Marchand has recently published in *Virchow's Archives* a report of several cases which not only corroborates the views expressed by Dr. Jacobi, but reveals additional dangers. Three of these cases were fatal, and a post-mortem and microscopic examination revealed alterations in the blood identical with those noticed in the blood of animals poisoned by large doses of the salt. The age of the patients ranged from three to seven years. The fatal cases were treated for mild pharyngeal diphtheria and stomatitis with doses of chlorate of potash, amounting in one case to ten grammes (ʒ ijss) in less than twenty-four hours; in another to twelve grammes (ʒ iij) in thirty-six hours, and in the third to twenty-five grammes (ʒ vj) in thirty-six hours. The symptoms are such as might very readily be confounded with the systemic symptoms of severe diphtheria, and thus the medicine has in it a peculiar element of danger. These symptoms are vomiting, hæmaturia, rapid wasting of flesh and strength, delirium and coma. The blood was a remarkable chocolate color which was not affected by exposure to air. The same color can be produced by adding the salt to blood and allowing it to stand for some hours. Under the microscope the red corpuscles are found to have acquired a peculiar glutinous character, so that they tend to agglomerate into masses. The poisonous effects of the salt are supposed to be due to its oxidising action on the red corpuscles. The *débris* of the latter are either excreted by the kidneys, in which cases they color the urine brown, or they accumulate in the tubules of the renal cortex by suppressing the secretion of the urine and producing uræmia. Dr. Marchand is of the opinion that while the kidneys are enlarged they do not become inflamed, the main alterations being the infarction of their tubules with corpuscular detritus. It is somewhat difficult to understand, however, how this could exist for any considerable time without setting up an irritation and a subsequent inflammation.

At a recent meeting of the Detroit Medical and Library Association several members doubted the injurious effect of chlorate of potash, having themselves administered it freely and in large doses without any observable evil results. Such testimony is, however, of too general a nature to be valuable. It is possible, and indeed very probable, that the poisonous effects of the salt are often mistaken for the depressing and destructive effects of the disease. The definite and exact observations of Jacobi and Marchand should outweigh a vast amount of such inexact testimony.

Chlorate of potash, however, should not be lowered in our estimation because of these injurious effects. It is a valuable agent, and the objections to its use might with equal justice be urged against most of the medicines in the Pharmacopœia, for most of them may be abused. The results reported should, nevertheless, make practitioners more cautious of its use, and not regard it as an innocuous agent.

British Army Medical Officers.

It has long been a very just cause of complaint that the position and pay of British army medical officers have been much below what their education entitled them to. The consequence is that the service has not been supplied with that proportion of good men which would seem to be demanded. The profession has long protested against the unjust discrimination which has placed it in a subordinate position. Whether it has been due to this protest or to the fact that the preponderance of inferior men in the medical service is becoming sufficiently marked to excite alarm,

does not appear, but in the new code of regulations which has appeared, the position and pay of the medical officer have been improved.

Under the new regulations the medical officer is first appointed as a surgeon on probation and receives a per diem allowance of $2.00. He is then required to attend a course of instruction at the Army Medical School, at the close of which he submits to an examination. On passing this successfully he receives the appointment of surgeon on $1,000 a year. In five years this pay is increased to $1,250, and in twelve years he may be promoted to the rank of surgeon-major at $1,800 a year. The "allowances" to surgeons in addition to pay are about $450 a year. After fifteen years of service their pay is still further increased to the amount of fifty cents a day.

The rank of the medical officers is as follows: The surgeon on probation ranks as lieutenant; the surgeon, as captain; the surgeon-major of less than twenty years' service, as major; the brigade surgeon and surgeon-major of more than twenty years' service, as lieutenant-colonel; the deputy surgeon-general, as colonel; and the surgeon-general, as major-general. This, although not what a scientific education super-added, in the majority of instances, to as thorough a literary education as is possessed by the officers of the other branches of the service, would seem, in justice, to demand, is still a decided advance on the old order of things.

The pay is scarcely large enough to enable a physician to lay by much of a competency, especially if he happens to have much of a family to educate, but he has the privilege of retiring after ten years' service with a gratuity of $6,000. This amount is increased with the length of service.

The non-combatant officer of the army has, heretofore, from his inferior rank, added to the idea among combatants that it is more honorable to kill and wound than to relieve the miseries resulting from the carnage, not stood as high socially as the other army officers. The new warrant is expected to improve the surgeon's status both in the army and in society, and this fact, in addition to the improved pay, is beginning already to draw the better class of young men.

Miscellany.

CHICAGO LETTER.—We who are students or alumni of the Chicago Medical College observe with interest and satisfaction that the old and new colleges of Detroit have adopted the graded system, which the Chicago Medical College, as is well known, was the first to inaugurate and carry out. It has since been adopted by all the best medical schools.

The medical colleges of this city are all well filled with students. The extensive clinical advantages afforded by a large city bring many practitioners as well as students. A large number are expected to attend the Practitioners' Course at the Chicago Medical College during the month of April.

This course is separate and distinct from the winter course, and is given especially for practitioners.

The clinics in the Chicago Medical College and in Mercy Hospital, which is connected with the college, have all been very large and interesting. The surgical clinic of Prof. Andrews on Monday, and of Prof. Isham on Saturday, have been quite full. Prof. Andrews recently completed the amputation of the foot and leg of a child ten days old, which had been begun in utero by the umbilical cord.

The loss you met with by the removal of Dr. Jenks to this city has been our gain, and a word concerning him may be of interest to your many readers.

Coming among us as a stranger, and yet not a stranger, for his reputation has already placed his name among the leading gynæcologists of the land, he has not only proved himself a wise instructor but a brilliant operator, exciting interest and attention among practitioners in the city and out, as well as among his own class.

The gynæcological clinics have been large and very interesting. Dr. Jenks is assisted in these by Dr. F. E. Waxham, who has been appointed assistant to the chair of gynæcology.

Among the operations before the students have been the removal of fibroid growths from the uterus, laceration of cervix, rupture of perineum, removal of stone from female bladder, sarcoma of the uterus, etc. Vaginal hysterectomy, removing the entire uterus for malignant disease, was recently performed.

The doctor announced to his class before the operation that it was an extremely hazardous undertaking, but it afforded the only chance of lengthening life.

The entire uterus was removed by means of the scissors, adhering close to the uterine attachments. Hæmorrhage was checked by means of torsion and ligatures, and the vagina closed with silver sutures. Aside from the very severe shock to the patient, lasting two or three hours, there have been no unfavorable symptoms. It is now the fourteenth day since the operation. Pulse and temperature are both normal, and the patient is considered out of danger.

J. H. S.

Chicago Medical College, Jan. 22, 1880.

BRAIN-CULTURE.—Dr. Crichton Browne, one of the editors of "Brain," and one of the brightest and most charming men in England, and whose speeches and dinners are equally famous, is thus quoted by the *Lancet:*

"The habit of eating excessive quantities of animal food, particularly in cases where the individual is exposed to many and frequent causes of irritation, I condemn, and the wisdom of treating "minor degrees of brain-irritability by a reduction of the butcher's bill" is suggested. This is a matter of strong practical interest. The soundness of the policy recommended has been attested by direct experiment. Dr. Crichton Browne directs attention to the increasing number of persons met muttering and gesticulating to themselves in the streets. This he regards as an ominous sign, betokening an increased tendency to "irritability of brain-tissue and a loss of inhibitory power." The power of inhibition, implying restraint and control, is without doubt the conserva-

tive and health-preserving faculty, besides which it gives the steadiness of reserve to character and action. The practical consideration thus again pressed on public attention deserves higher consideration than it has received. Further inquiry is needed as to the precise relations of food and brain force. Pending the results of deeper research, experiment and reason combine to show the need of restraint in the use of animal food where sustained intellectual work is required rather than explosive mental effort."

The editor of the *Louisville Medical News* has observed these "mutterings and gesticulations," that Dr. Browne alludes to, on the streets of London and elsewhere; but more frequently on London streets than elsewhere simply because there are more people on London streets than on others, we opine. But, instead of charging these phenomena to meat, he would lay them at the door of drink. "Surely brandy rather than beef, and malt liquors more than mutton, and punch more than pork and poultry, and vinous drinks rather than veal, are apt to make people talk to imaginary auditors, and gesticulate in the enforcement of their arguments.

Dr. Browne is an ardent alcoholist, and thinks of it as loyal subjects believe of their king, that it can do no wrong.

But Dr. Browne goes too far in his prejudice against meat. Of course boned turkey will fly to one's head sometime, and game may rise to the brain and produce a temporary flutter of excitement on a festive occasion; but as for English or Kentucky roast beef or mutton being dangerously stimulating articles of diet—perish the injurious and unjust thought.

In the language of Dogberry, the idea is 'tolerable and not to be endured.'"

Advice to Medical Students.—It is a mistake to suppose that marriage is essential to success at the beginning of a medical career. There is a peculiar charm, a subtle indescribable mystery, about the unmarried doctor which makes him at once a favorite and confidential female adviser.

On entering your profession remember you are not a tradesman. About fees there should be no unseemly fuss.

Patients are what you professedly want, and they are to be found in every class. To the man of science, the prince and the blacksmith are embryonically identical with the hog, the dog and the rabbit, and are nothing more than a mass of red pulp when born. It cannot therefore, matter to the physiologist whether his observations are made in the palace or the cottage; but his manners in either place should be always those of a gentleman who respects others because he respects himself. The great opportunities opening out before you will be comparatively lost without a sound basis of science. This is the helping hand which brings you from darkness into light, and disperses the thick shadows of prejudice and custom. For this reason I would recommend you, instead of sitting with your heels on the mantlepiece and smoking a pipe, with a lively expectation of patients (who never come), to devote the early dis engaged years of your life to the study of the Unknown. Do not so overcrowd your life with practice that you find no time to replenish either mind or body. Your duties to your patients will be better rendered the more conscientiously you fulfill your duty toward yourself. Overwork means indigestion, indigestion begets irritability, and irritability means short measure for your patients and inability to reason clearly.

An M. D. and a gentleman will not convert the chimney-shelf of his consulting room into a photographic gallery of celebrated patients. Neither will he advertise their names in society, or unduly display and be puffed up by his coroneted correspondence. Nor will he make himself a propagandist, and thrust a tract, together with his prescription, into the hand of his patient. In a word, the consulting room should be as sacred and as purely official as the confessional.

Finally, gentlemen, your social and professional position will always be what you yourselves choose to make it.—*London World.*

German Professors.—In the German universities the professors are men who have distinguished themselves by their contributions to science. They have usually begun their career as "privat docenten," or private teachers, a position unknown in America. If successful, they are made professors extraordinary, and of these a few only reach the distinction of professor ordinary. Any young man of promise, who has obtained the degree of doctor of philosophy (Ph. D.) with honors, can obtain permission to lecture in a given university, provided he passes a good examination in the subject that he intends to lecture on. The university gives him a room to lecture in, and if he succeeds in securing any listeners he gets their fees; beyond this he takes care of himself. His income depends entirely upon his popularity. If his lectures are good, and he proves his ability, his success is assured. In a few years he is called to a vacant chair in the same, or oftener in another, university, where he holds the position of extraordinary professor for years, often for life.

The following list of professors of chemistry in the principal German and Swiss universities embraces many distinguished men whose names are familiar in this country. The figures annexed give the ages of these men, and, as the *Journal of Applied Chemistry* says, they show that most of them are no longer "mere boys:" Berlin, A. W. Hofmann, æt. 61; Bonn, A. Kekulé, 50; Breslau, C. J. Loewig, 76; Erlangen, J. Volhard, 45; Giessen, H. Will, 67; Göttingen, F. Woehler, 79, H. Huebner, 42; Halle, W. Heintz, 62; Heidelberg, R. Bunsen, 67, H. Kopp, 62; Jena, G. A. Geuther, —; Königsberg, W. Lossen, 41; Leipsic, H. Kolbe, 61; Marburg, Th. Zincke, 39; Munich, A. Baeyer, 44; Strassburg, R. Fittig, 44; Tübingen, Lothar Meyer, 49; Würzburg, J. R. von Wagner, 57, J. Wislicenus, 44; Zürich, V. Merz, 42.

The oldest of these, Professor Woehler, no longer lectures. He will celebrate his eightieth birthday on the 31st of next July.

A Clot Mistaken for a Placenta.—The following case is unique in my experience, and I report it on account of the possible interest which it may furnish the readers of the News : I was called January 9th, 1880, to attend Mrs. L., aged 35, who was in labor for the sixth time. All had gone well up to the 8th of the month, when, at two A. M., she was aroused by a sudden escape of what she supposed were the "waters," but what proved on closer examination to be blood. This was followed by pains, feeble and irregular, and attended by the expulsion of blood. This continued until four P. M. of the 9th, when I was called. I found that the hemorrhage had been very considerable. On making a digital examination the os was found to be dilated to the size of a silver dollar, and on entering the os my finger came in contact with a body presenting to the touch the feel of a placenta—irregular, firm and thick enough to prevent my being able to detect the child's head. The question which instantly and naturally suggested itself was as to the nature of the mass. I concluded that it was the placenta and that I had to deal with a case of placenta previa. I accordingly asked for counsel, which was, however, denied, and I was forced to rely on my own resources. As the pains were feeble and the hæmorrhage profuse, I gave ergot in full doses, and held myself in readiness to introduce my hand and turn should the emergency demand the interference. The uterus responded readily, and the pains changed and became stronger and more regular. To my surprise and great relief during a strong contraction there was expelled a firm, fibrinous clot, fully six inches in diameter and an inch thick in its centre. The head soon descended and taking the place of the clot the labor progressed favorably and terminated in four hours after I first saw the case.

As I said before, the case is unique in my experience, and if there are any similar cases recorded the record has escaped my notice.

S. A. Manzer, M. D.

Wacousta, Mich.

Glucose.—The *Confectioner's Journal*, in regard to glucose and its enormous product in this country, says: At first it was affirmed that the sugar made from corn was injurious. The learned chemists decided that it was perfectly harmless. The consequence is that vast quantities are now made and sold. Besides a great establishment in New York, there is another in Buffalo, another in Chicago, and several minor establishments in other cities. One of these great establishments used five million bushels of corn in the year 1878.

Confectioners are using great quantities of glucose sugar, because from its uncrystallizable quality it tends greatly to keep certain classes of goods soft for a greater length of time, and retards granulation in other kinds, and because it saves greatly in the cost of all articles with which it is combined.

It was proved before the Congressional Investigating Committees that vast quantities of glucose, or corn-starch sugar, were sold to sugar refiners; also, that it is sold in great quantities to confectioners. Glucose is now largely used in mixing with California honey, one gallon of glucose to one of honey. It is also used largely in the eastern states in the manufacture of all sweet wines, lager beer, and all liquors requiring syrups. In fact, corn sugar is now used for all the various purposes for which any sugar is used, except for first-class confectionery. Glucose is also shipped in large quantities to Europe, where it is in great demand and in increasing quantities.

Soup.—Sir Henry Thompson in the *Nineteenth Century*, says : "Some regard soup as calculated to diminish the digestive power, on the theory that so much fluid taken at first dilutes the gastric juices. But there appears to be no foundation for this belief ; a clear soup of the fluid constitution of a *puree* disappears almost immediately after entering the stomach, being absorbed by the proper vessels, and in no way interferes with the gastric juice, which is stored in its appropriate cells ready for action. The habit of commencing dinner with soup has its origin, without doubt, in the fact that aliment in this fluid form—in fact, ready digested—soon enters the blood and rapidly refreshes the hungry man, who, after a considerable fast and much activity, sits down with a sense of exhaustion to commence his principal meal. In two or three minutes after taking a plate of good, warm *consomme* the feeling of exhaustion disappears, and irritability gives way to the gradually rising sense of good fellowship with the circle. Some persons have the custom of allaying exhaustion with a glass of sherry before food—a gastronomic no less than a physiological blunder, injuring the stomach and depraving the palate. Soup introduces at once into the system a small installment of ready-digested food, and saves the short period of time which must be spent by the stomach in deriving some portion of nutriment from solid aliment, as well as indirectly strengthening the organ of digestion itself for its forthcoming duties."

Capital Punishment.—The question of hanging as a mode of execution has been engaging the attention of the Medico-Legal Society, of New York, It was referred to a special committee of which Dr. John C. Peters was chairman, and he submitted his report at a meeting held on January 7th.

The committee, he said, were unanimously in favor of capital punishment for murder, and believed that hanging, when properly conducted, was a satisfactory method of execution, being quick, merciful, and sufficiently ignominious. The committee did not recommend any special mode of hanging, but thought it should be so managed that death should take place within two minutes. Five minutes was regarded as quite too long a time, and fifteen minutes altogether unjustifiable. Dr. Houghton, of Dublin, who was formerly a clergyman, had devoted considerable study to this subject, and he was in favor of a knot under the chin, instead of at the side of the neck. The knot arranged in this manner would, he

believed, cause strangulation and suffocation in the shortest time, and the head being thrown up by the drop there was also a great probability of the neck being dislocated. He advocated in connection with this a long drop, from ten to fourteen feet instead of five.

MUTUAL ADMIRATION SOCIETIES.—At a recent meeting of the Dublin Obstetrical Society, the President, in his address, referred to the improvement which had taken place in the character of the remarks and speeches made before the Society. A critic of one of the earlier volumes of these Transactions had animadverted rather severely on the tendency towards mutual admiration. He said, "Throughout the book" (that is, one of the reports) "we are treated to the desultory conversations which followed the recital of each paper on the night of meeting at which it was brought forward. How far the perusal of these usually trite, crude and vapid remarks may tend to the improvement of the obstetric mind is a question, to say the least of it, problematical. We find a member described as having risen 'to express his *sense* of the value of Dr. ——'s paper.' Another informs the Society that it is, or ought to be, 'greatly indebted to Dr. —— for his able paper, containing so full and complete a history,' etc., etc. 'For his own part, etc., Dr. —— fully concurs in the remarks of the learned author.' One calls another 'the most recent and one of the ablest *exponents* of the modern school of gynæcology;' and, after paying each other compliments and purring together for some time, the most recent exponent of modern gynæcology rises *to return thanks* to the Society for having patted him on the back and stroked him down; and, having patted all his brethren on their backs who had previously caressed him, 'he resumes his seat,' and the Society adjourns. Surely," continues the writer, "all this rubbish might have been omitted. The Report contains thirty passages of it." The publication of these observations only serves as a species of advertisement, and not, either, of the better class of such useful documents.

It is possible that even in this country such proceedings are at times not altogether unknown in the meetings of our learned societies.—*Phila. Medical Times.*

PERCENTAGE ON PRESCRIPTIONS.—Why should physicians not get a commission on their prescriptions? As a matter of business do not other occupations than druggists offer inducements of this nature to secure trade, and if a druggist desires a physician to interest himself in his behalf why should not the latter receive a remuneration?

F. H. MILLIGAN, M. D.

WABASHA, Minn.

[The great objection to remunerating the physician in this way is that the patient is usually made to foot the bill. Much of the evil of the plan would be removed were there a guarantee that the druggist would pay the commission out of his own legitimate margin of profit. Such a guarantee is, however, impracticable. But it is, after all, scarcely the proper thing for a physician to act as a drummer for any particular druggist. Should a particular druggist have established a reputation for unswerving uprightness and for the purity of the drugs he keeps in stock, a physician is not only justified in giving such a one the preference, but also owes it to his patients to patronize him to the exclusion of less worthy and less reliable competitors.—ED. NEWS.]

CYSTITIS.—A correspondent asks for "the quickest and best treatment for inflammatory condition of the bladder and painful micturition." We have found a mixture like the following to act very promptly:

℞	Acidi benzoici	ʒ j.
	Ext. belladonnæ	ʒ ss.
	" eucalypti globuli	ʒ ij.
	Mixturæ amygdalæ	℥ vss.
	Ol. cinnamomi	gtt. vj.

M. Sig. A tablespoonful every three hours.

The mixture is not a very pleasant one to the taste, but taken in a half-glass of skim milk it is quite tolerable. The diet should be confined as largely as possible to skim milk, and the bladder washed out twice a day with a pint of lukewarm water to which has been added two drachms of bicarbonate of sodium.

The *Galveston Medical Journal*, a new Texan venture, says: "There are but few medical printers in this State as yet, and the sheet will have to be revised by the editors, and still we may have some errors, but we will do our best. There are over 25,000 physicians in this State (Texas)," etc. Considering that there are but 60,000 physicians in the whole United States, the Lone Star State has either got more than its share, or the editors have made a mistake in "revising." But as the editors "do not expect to make money out of the publication," and will "edit it for the exchanges and books for review," it is perhaps too much to expect them to be scrupulously exact in the mere matter of figures.

During the seventy-six days preceding January 27th, ult., there were in Chicago nineteen deadly assaults. Eleven of these were immediately fatal, and the victims of the remaining will probably die. In addition to these the stabbings, punchings and gougings were too numerous to mention. When it is remembered that they hang for murder in Illinois it will scarcely be conceded that the morality of the community which punishes crime most severely is of the highest type, or that hanging has a very deterring influence.

Keith, of Edinburgh, has performed ovariotomy seventy times in succession without a fatal result, and 100 times with only three deaths. In his hands the operation has thus become less fatal than amputation of the leg or even of the arm. Why is this operation so safe in the hands of one man and so fatal in the hands of others?

The *Indian Daily News* gives the report of a post-mortem examination made by a native doctor. It is particularly remarkable for the plainness of its English. A single sentence is enough to show this: "At or about nine A. M., of the 21st, I held a post-mortem examination on the carcass of Mussamut Sooknea, a female, aged about 30 years, and found her body damnably swollen, and entirely decomposed."

The chairman of an anti-vivisection meeting, recently held in England, made the remarkable statement that although "vivisection had been practised for two thousand years on men, women and animals, neither general nor medical science had derived the slightest assistance from such experiments." He had probably never heard of Harvey, Haller or Hunter, or even of Brown-Sequard, Dalton or Flint.

The "Practitioners' Course" of the Chicago Medical College will open March 31, 1880, and will continue four weeks. The instruction will be of a more advanced character, combining cliniques, and will afford an excellent opportunity, for country practitioners particularly, to brush up on special subjects and at the same time enjoy a season's recreation in the great city.

Pie is vile, because it is indigestible, inexcusable and mysterious. It is indigestible because of the very nature of its composition; it is inexcusable because it is tampering with the holiest functions of the stomach to offer pie to it in place of food, and it is mysterious because you don't know what you are eating. Purchased pie is the worst of all.—*W. A. Hammond.*

There are six medical baronets in London instead of four, as stated in our last. The two whom we failed to mention are Sir James Paget and Sir Henry Thompson. These gentlemen will please excuse our inadvertent omission of their names. The list is too small to bear such tampering with.

A patent medicine man pays himself a rather questionable compliment when he mentions, incidentally, in his advertisement that since the introduction of his medicine consumption has increased in England ten fold.

In its late war with Turkey the Russian army used 1,820 pounds of ipecac, 26,000 pounds of castor oil, 5,600 pounds of carbolic acid, 5,000 pounds of sulphate of quinine, 3,000 pounds of chloroform, 7,000 pounds of camphor, etc.

About $5,000,000 are expended in charity and pauper relief of various kinds in New York city each year. Nearly one-half of this is raised by taxation, the rest being donated by charitable persons.

Cambridge, England, has a lady demonstrator of anatomy. Eighty-two ladies are now attending lectures at Cambridge, and a large number are formally engaged in the study of natural science.

The *Chicago Medical Gazette* sagely remarks that "any new medical college necessarily fills a space which would otherwise be a vacuum."

Original Articles.

Notes and Comments of Cases in Private Practice—Scarlatina Anginosa.

Unfortunately all of the cases of scarlatina which one is called upon to treat are not of the simple variety referred to in my last. The varieties of manifestation which the poison assumes are of a general type, and yet they are at times so modified both as to their severity and their seat as to constitute, at a cursory glance, apparently different diseases. These varieties have given rise to a somewhat confused nomenclature, different writers assigning names to the disease expressive of the existing characteristic condition or lesion. Thus we have the erethitic, the inflammatory, the nervous, the septic, referring to constitutional peculiarities; and other names indicative of some local manifestation. For all practical purposes, however, it is not necessary to recognize any more than the three grand divisions of scarlatina simplex, scarlatina anginosa, and scarlatina maligna. As coming in regular order, therefore, I shall refer in this paper to

Scarlatina anginosa. It may be said that all cases of scarlatina have more or less throat complication, or, in other words, that some degree of affection of the throat is characteristic of scarlatina. This being so, it becomes largely a matter of opinion with the practitioner as to the extent of the throat complication necessary to constitute the particular case under treatment, one of the so-called anginose variety. I apprehend, however, that there would be but little difference of opinion between two practitioners of any considerable experience in fixing the status of any case which they might be called together to consult on. When the tonsils are found to be swollen so as to nearly or quite meet, and thus seriously embarrass deglutition; when the palatine arches and soft palate are of a bright red color, swollen and œdematous, and covered, completely or partially, with a soft grayish deposit, the case may be regarded as having passed the dividing line between scarlatina simplex and scarlatina anginosa. In such cases the cervical glands will generally be found to be enlarged, and in the more severe cases there will be found a general hardness extending from the angle of the jaw on both sides forward to the symphysis. This induration is owing to inflammation of the cellular tissue, and it frequently is so severe as to obstruct the venous circulation, thus causing the characteristic puffiness and lividity of the countenance.

The inflammation of the throat extending to the mucous membrane of the nares gives rise to the peculiar, offensive and acrid discharge, which, coming in contact with the upper lip, excoriates the surface and adds very much to the discomfort of the patient. The inflammation not infrequently extends along the eustachian tube, even into the ear, and thus produces deafness. The scantiness and turbidity of the urine, with albuminaria, and the offensive stools, indicate the gravity of the constitutional disturbance.

The temperature in these cases very often runs up to 104°, 105° and even 107°. This high temperature

usually presages grave cerebral complication with delirium, shortly preceding coma and death. The systemic condition is that of a low typhoid.

L. S., a little girl 4 years of age, of a delicate and highly nervous organization, having retired in her usual health on the evening of June 6th, awoke crying about three o'clock on the following morning. She was taken in a few minutes afterwards with violent and explosive vomiting, which ceased after the stomach had been thoroughly evacuated. I saw the little patient between 8 and 9 o'clock. An examination revealed about a dozen very fine points of eruption over the region of the stomach. The temperature was 100½° under the tongue. She complained of pain on swallowing, but an inspection revealed no appreciable alteration in the condition of the throat. Tongue slightly furred. As there were no cases of scarlet fever in the neighborhood and no exposure, to the knowledge of the parents, and as the rash was scarcely distinctive, the diagnosis, although strongly suspected, was reserved to await developments. As the bowels were somewhat constipated I ordered two teaspoonfuls of cream of tartar in sweetened water, and promised to call again during the day. At three P.M., there no longer remained any doubt as to the nature of the trouble. The rash had coalesced and was unmistakable. Temperature 101½°; pulse 120; marked redness of the palatine arch and of the tonsils. Ordered

℞ Liq. ammon. acetatis, - - ℥ iss.
Ammon. carbonatis, - - - grs. xxjv.
Tinct. aconiti radicis, - - gtt. jv.
Syr. simplicis, q. s. ad. - - - ℥ ij.
M. Sig. A teaspoonful every two hours.

June 7th, 9:30 A. M., patient has passed a very restless night. Has a wild, vacant look. Temperature 103°; pulse 130. Tonsils swollen and quite enlarged; complains of pain under angle of the jaw and along the floor of the mouth. Medicine continued.

Four P. M.; rash has extended over the entire body: temperature 104°; pulse 132. Great restlessness and thirst; no appetite; bowels have moved freely. Tonsils more swollen than in the morning and now almost meet. Redness general over the whole soft palate, with thick, tenacious mucus covering the whole buccal cavity. Dryness of nostrils complained of. Ordered medicine continued with the addition of potassii bromidi grs. v, to be given in milk every two hours, alternating with ammonia mixture..

June 8th, eight A. M.; rash of a duller color. Tongue distinctly strawberry. Patches of pseudo membrane on the tonsils and on the soft palate. Temperature 106°; delirium. Offensive stools; urine scant; acrid discharge from nostrils, excoriating the upper lip. Thirst unabated; no appetite.

℞ Potass. chloratis, - - - ℥ ss.
Tr. ferri muriatis, - - - ℥ i.
Liq. ammon. acet., - - - ℥ i.
Syr. simplicis, q. s. ad. - - ℥ ij
M. Sig. A teaspoonful in water every two hours. Alternated with—

℞ Quiniæ sulph., - - - - grs. xvj.
Spts. etheris nit., - - - ℥ i.
Syr. simp., - - - - ℥ ij
M. Sig. A teaspoonful every two hours.

Ordered lime water to be applied to throat and nostrils by means of Codman & Shurtleff's steam atomizer. Four P. M., symptoms not at all improved since morning visit. Temperature 106½°. Patches on throat of a dirty grey color; deglutition well-nigh impossible, considerable of the fluid returning through the nostrils. Delirium continues and the child is completely unconscious. Face and lips cyanotic. Ordered a hot mustard bath.

Called June 9th, at nine A. M., and found crape on the door, the child having died at 3:30 that morning.

The above case was a severe and typical case of scarlatina anginosa. The line of treatment relied on was such as it has been my custom to depend on with much better results than followed in this case. Stimulants (champagne), and nourishment (milk and beef tea), were also, of course, strictly attended to, but the severity of the case was such as to leave but little hope from the very onset. The dusky hue of the eruption, the high temperature, the extensive infiltration of the connective tissue under the angle of the jaw, the offensive stools and the acrid discharge from the nostrils, all combined, pointed to an almost certain fatal termination, and had the throat symptoms been but slightly more severe I should have regarded the case as one of scarlatina maligna.

In regard to the hot mustard bath, I would say, it is a most excellent application in sudden darkening of the eruption. Its application in the above case even, was followed by marked though but temporary improvement. The lime water used in the manner indicated, is a very grateful and beneficial application, one which should not be neglected in any case of sore throat in scarlatina, and more especially when there is the slightest exudation of a pseudo-membranous character.

The therapeutics of scarlatina is at best, however, very unsatisfactory; and it must be confessed that it is difficult if not impossible to separate the results of treatment in cases of recovery from those which are due to the natural inherent tendency to cure. Much may be done, however, in the way of relieving local distress and in supporting the vitality. The great element of danger is the high temperature, and all known internal remedies having failed, the profession is waiting for some one who shall have the moral courage to resort to the ice baths, with which Currie, a century ago, treated his sons, and which restored them to health and to the arms of their brave parent. The remedy is a heroic one, and in these latter days of homœopathy and dilettanteism, there are few who would brave public opinion by putting it to a trial. To be efficient it should evidently be resorted to early and before the usual remedies are tried. The physician who would try it, however, would be voted a barbarian, even should the patient recover, and should the patient die he would probably be indicted for manslaughter. Who will dare to take these risks?

Dr. William A. Hammond and D. Appleton & Co., have commenced suit against Dr. Allan McLane Hamilton and Henry C. Lea, for infringement of copyright of Dr. Hammond's work on Diseases of the Nervous System.

Ozœna.

BY WM. BRODIE, M. D., DETROIT, MICH.

I notice a query on ozœna in the January 10th issue of the NEWS, by one "Medicus." During my practice of thirty years in the lake region, it has been my fortune to meet with a number of cases of this troublesome and disgusting disease. From the fact that my experience has been confined to this region I am unable to compare the disease as it occurs here with the form it takes in other parts of the country, and while I know that the ozœna which has gone on to the stage of the destruction of the tissues is one of the most obstinate affections which it is a physician's misfortune to be engaged to treat, I am unable to say whether or not this obstinacy is due to climatic influences. I am inclined to believe, however, that although our changeable weather, with its frequent range of 30° or 40° in the course of twenty-four hours, has an unfavorable influence on the progress of the disease, it is by no means wholly responsible for the rebelliousness against treatment. It is my rule when meeting with a case in which ulceration of the mucous surface has set in to make close inquiry with a view of determining a constitutional (syphilitic) taint, and even when no trace of a primary lesion is discernible, I still believe that there remains a cachexia inherited from some erring ancestor. The result of treatment usually confirms my suspicion, for certainly any prescription in such cases which does not contain iodide of potassium has a very slight influence on the local manifestation.

To say that cures are never effected without a change of residence would certainly be very wide of the truth, and the result of treatment here as compared with the results which my reading informs me attends treatment in other sections, does not confirm the opinion that residence in the lake region is an insuperable obstacle to success.

In addition to the constitutional treatment which I have indicated, much benefit is derived from local applications. The desideratum is to have the remedies employed reach the affected surface. This is seldom or never gained by the ordinary methods employed. The Thudichum douche or any other which requires the fluid to enter through the nostrils, is seldom followed by any benefit. The post-nasal douche is a *sine qua non.* The material applied is not of so much importance as the manner of its application. It is first necessary, by means of pure water, or water rendered slightly alkaline, to thoroughly remove all the secretions, dried crusts, etc., thus leaving the surface completely free for the medicated solution. After the surface has been properly prepared the following will be found a good injection :

℞ Tr. iodine, - - - - - ʒ i
Acidi carbolici, - - - - - ʒ ij
Sodæ biboratis, - - - - ʒ ij
Aq. font. - - - - - - O j
M.

Glycerine, which usually enters into applications of this nature is very objectionable. Its great affinity for water increases the difficulty by withdrawing the serum from the affected tissue, and thus increases the dryness of the parts. As an emollient application which may be applied midway between the applications of the iodine injection, cosmoline rendered sufficiently fluid by the addition of olive oil and heat, will be found both agreeable and useful.

It would, I apprehend, be impossible for any one to say how long it will take to effect a cure in any given case. The duration will depend on the stage of the disease at the time of commencing treatment, and on the presence or absence of constitutional taint. Six months may be stated as the average time when ulceration has not occurred. In cases of ulceration the time is very indefinite indeed.

Treatment of Iritis.

BY EUGENE SMITH, M. D., DETROIT.

Professor of Ophthamology and Clinical Opthalmology in Michigan College of Medicine ; Oculist and Aurist to St. Mary's Hospital ; Senior Surgeon to St. Mary's Free Eye and Ear Infirmary, Etc.

I will not take up valuable space in the NEWS by reporting the case which has prompted the following remarks on the treatment of iritis, as it differs in no particular respect from a majority of cases of the parenchymatous form of the disease, and if an apology were required for the publication of this short paper, it might be found in the remark made to the patient by the physician who treated him for some time previous to his visiting Detroit to consult me, which was as follows: "I spent three months in New York studying the eye especially, and I know all about it," (sic.) The treatment as nearly as I can make out through the patient, consisted of poultices and astringents to the conjunctiva. Atropia was not used.

Now, all forms of iritis require prompt treatment, and the parenchymatous and syphilitic varieties particularly, call for rigorous treatment. Rarely should we abstain from the employment of mercury. Nearly all agree that mercury causes more quickly than other remedies the disappearance of the manifestations of syphilitic infection and all appreciate the danger of temporizing when so delicate an organ as the eye is affected. Experience has demonstrated that this medicine is of all remedies the most efficacious against the excessive formation of cellular elements caused by inflammation, and that which produces most rapidly and easily the absorption of neoplastic formations, consequently it is invaluable in the treatment of parenchymatous forms of iritis. It matters but little in what form it is administered, but if it disagrees with the stomach when taken internally, it is best given by inunction. Diaphoretics may also be given, and the patient confined to his bed or kept in the house in a room comfortably darkened, as the continued efforts at contraction to which the iris is subject when the eye remains exposed to the variations of light cannot but have an unfavorable effect on the inflamed tissue.

The use of atropia should be, before all else, rigorously observed, and it is useless if used weaker than four grains to the ounce of water. (Atropia sulph. grs. jv ; aqua ʒ j). Aside from the rest thus

given to the iris, we prevent adhesion of the pupil to the central portion of the lens capsule, and the opacities which are thereby formed, which are more or less detrimental to vision. The atropia paralyzes the intrinsic muscles and prevents their contractions, favors the intra-occular circulation, and places the eye in the best possible way for recovery.

It is very rare that adhesions (synechiæ), occur when atropia is used early in the disease, but if exudation has taken place into the pupil, and strong adhesions have formed, as is most likely to be the case, strong solutions, six, or even eight grains to the ounce should be used. I frequently make use of the powder itself. If we fail in breaking up the adhesions we are certain to have recurrent attacks which may lead to irido-cyclitis, irido-choroiditis and loss of the eye ; possibly of both eyes, or necessitate an operation for the relief of the patient. If we succeed in producing some dilatation of the pupil, but do not break up all of the adhesions, we may be successful by using alternately eserine and the atropia.

When a considerable exudation threatens to produce occlusion of the pupil, or when syphilitic tubercles or condylomata develope so largely as to nearly fill the anterior chamber, it may be necessary to excise a portion of the iris (iridectomy). Seldom is it necessary to resort to operation when the case has been promptly and properly treated from the start.

During the entire treatment of iritis, the patient's diet should be carefully watched, as relapses not infrequently occur from some excess. The constitution of the patient should be taken into consideration, and once the first attack has passed, relapses may be prevented by general treatment.

Let it not be forgotten, whether we "have spent three months in New York and know it all," or not, that atropia and mercury are the sheet anchors in the treatment of iritis.

95 Fort St. West.

A Case of Dry Gangrene of the Thumb.

REPORTED BY WM. BRODIE, M. D., DETROIT, MICH.

I was consulted January 13th by Miss McK., of Ridgetown, Ontario, on account of the thumb of her right hand, which had "turned black and was drying up." An examination showed it to be a case of dry gangrene, extending from the end of the thumb to midway between the first and second joints, with a perfect line of demarcation. The patient gave the following history : Some four weeks previously in moving a sewing machine she caught her thumb and bruised it at the root of the nail. She immediately applied an infusion of wormwood and vinegar, which somewhat relieved the pain. The family physician was shortly afterwards consulted, and he ordered an application of carbolic acid, without writing a prescription and without specifying the strength of the solution. The druggist put up a mixture the strength of which was not known to the patient. With this she saturated a rag which she wrapped around the thumb, and which she kept constantly saturated by pouring on the solution. The pain becoming severe in about two hours the rag was removed, when it was noticed that the thumb had a mottled appearance. The pain completely ceased after the application had been removed. In the course of a few days the color changed to a perfect black, and at the lower end of the black portion a red line formed, which became more pronounced, and on my seeing it, it had passed through the skin, forming a complete line of demarcation. All sensation was lost.

The case was presented before a meeting of the Wayne County Medical Society on January 15th, and on the 16th the thumb was amputated at the second joint. The patient is at this date doing well, and the stump healing kindly.

The interest of this case lies in the escharotic action of the carbolic acid, for it was doubtless to this that the trouble was due, to the shortness of the time required for it to produce its effect, and to the slight degree of pain which it caused. The solution must have been nearly, if not quite, saturated.

The results of the case point a moral to the effect that it is somewhat dangerous to give a patient a *carte blanche* order for an article so active in its properties, or to trust to the judgment of the average druggist in matters of such importance.

64 Lafayette Avenue.

Selections.

DILATATION BY BOUGIES; LEUCORRHŒA, AMENORRHŒA, DYSMENORRHŒA AND STERILITY.—The bougie was always carried up to the *bas fond* of the uterine cavity, or, in other words, as far as it would go ; and then, to prevent its displacement, the lower third of the bougie was placed against the right thigh and fastened to it by a few turns of a cotton-muslin roller. To fatigue the fibres of the constrictor cervicis muscle, the dilator was allowed to remain in the uterus from twelve to sixteen, and rarely thirty-six, forty-eight, or seventy-two hours. For that most common of all uterine troubles for which nitrate of silver is so generally applied, with only tentative results,—I refer, of course, to hypertrophic enlargement of more or less of the vaginal portion of the uterus, with thickening, tumidity, redness, and often superficial ulceration of the lips surrounding the os tincæ, together with engorgement and enlargement of the muciparous follicles, just within the neck, and pouring out, as they always do in this condition, profuse secretion, or exudation, popularly called "whites," or fluor albus,—for this condition I have never applied nitrate of silver, but have times without number, carried a large bougie up to the fundus of the uterus, allowing it to remain in the cervical canal twelve, sixteen, or twenty-four hours, and generally with more satisfactory results than from any other single expedient, topical or general. Here again the relief could be attributed only to overcoming contraction in the fibres of the constrictor cervicis muscle, releasing the venous circulation, and thereby preventing retardation of blood and consequent engorgement. The original and continued cause having been removed by the bougie, I have generally relieved

existing engorgement by giving one or two Blancard's pills of iodide of iron after each meal; and when syrup of the iodide of iron can be had without free iodine in it the following may be substituted for the pills:

℞ Syr. ferri iodidi - - - ℥ ijss.
Aquæ fol. aurantii - - - ℥ iijss.
M. S. A teaspoonful after each meal, in water.

The muciparous follicles, existing just within the os tincæ, and occupying the walls of the cervical canal for about an inch, are the sole and only sources of fluor albus. These follicles are often found enlarged and tumid, without other engorgement or trouble of any sort in the tissues surrounding them. How could the profuse flow from these bodies, amounting often to half a pint a day, occur unless from tying up of the cervical veins, the fluid being derived by exosmose of serum from the blood? Signal relief is often derived from introducing a bougie and allowing it to remain a sufficient length of time in the cervical canal, thereby releasing the veins, and allowing their return circulation to pass through them unimpeded. The obstruction to venous flow being thus relieved, existing engorgement in the muciparous follicles may be resolved by giving the following:

℞ Hypophosphit. sodæ,
Hypophosphit. calcis, - - - ää ʒ iij.
Hypophosphoric acid, - q. s. ad sat.
Aquæ destillatæ, - - - ℥ vi.
M. S. Give a teaspoonful after each meal.

Pure phosphate of lime in the magma form is much better to prescribe in doses of ten grains, thrice daily, provided we can be sure of having it furnished in proper assimilable form by the apothecary.

I have repeatedly adopted this same expedient of introducing the bougie for the relief of amenorrhœa; dysmenorrhœa, and sterility, usually in the two latter affections, a day or two before the expected return of the catamenia. A young lady from Kansas, 19 years old, suffering from amenorrhœa, having been at school here for over a year, had taken all the usual emmenagogue remedies resorted to in such cases, had never menstruated in the regular way, but had suffered vicariously from epistaxis, hæmatemesis, and, a short time before I saw her, from hæmaturia. She was brought in from the country by the matron of the school. I introduced a large bougie quite up to the fundus of the uterus, fastening the lower third of it, as usual, to the right thigh, with directions that on the following afternoon it should be removed. Ten days having elapsed, I received a note from the duenna, saying that her young lady was quite relieved.

In 1873, I was consulted by a lady as to what should be done for her daughter, a young girl 17 years old, suffering from dysmenorrhœa; in fact, during three years she had never had anything beyond a mere show, which had appeared on some three or four occasions only, and always with severe hysteralgia. I introduced, in the way already described, a No. 10 urethral bougie, instructing the mother to remove it the next day. Three months after I received a letter of thanks from the mother, stating that, as far as she could judge, her daughter was perfectly well, having had for two months perfectly regular visitations of the "enemy."

In the case of a lady four years married without conceiving, the same practice was resorted to with happy results, the only drawback being that four weeks after the first operation she insisted on its being repeated, and the result was that at the first period of gestation she was delivered of an acephalous monster, attributable, no doubt, to the second needless introduction of the dilator. She has since, however, proved a fruitful vine, having had in twelve years no less than eight children at the full period of gestation.

It happens often after parturition that the constrictor oris et cervicis uteri muscle contracts unduly, thereby narrowing the canal of the cervix and retarding the return of the blood through the uterine veins. A lady with one child, a daughter 16 years old, anxious to gratify still further the instincts of maternity, consulted me to know how her reproductive organs might be renovated. Having full faith in the invariableness of the cause of this and numerous other troubles of the womb, I advised that a large-sized urethral bougie be introduced quite up to the fundus of the uterus, which was done,—the dilator in this instance being allowed to remain undisturbed for over two days before removal. Shortly afterwards the lady became pregnant, and has since had four children at full term.—*T. H. Buckler, M. D., Baltimore, Md., in Boston Medical and Surgical Journal.*

The Inflammatory Origin of Phthisis.—It is, of course, well known to all members of this society, that at one time all varieties of pulmonary consumption were classed as "*tubercular* consumption." This classification was based on the prevalent idea, due largely to the teachings of Louis, Andral and others, that the disease was a unity; that all pulmonary consumption depended primarily upon tubercles, and that there was no other form of pulmonary consumption than that of tubercular. Hence in the older nomenclature it is invariably spoken of as "tubercular" consumption.

In modern times, and in the more recent literature, we frequently find the phrase "pulmonary consumption" used; and we might claim in favor of this more general form of expression that it does not commit us to the theory that all pulmonary consumption is caused by tubercle.

In the paper which I had the honor to present to the Society some time since, it will be remembered that I discussed but *one* variety of this disease, I alluded only to that which depended upon a *diathesis*—a constitutional state— and was known as *true* tubercular consumption—a variety which is known to you all as that which modern pathologists describe as tubercular. It is known as a variety which is inherited, and frequently manifests itself in early life. It is a disseminated constitutional form of tubercle,

and, therefore, known as true tubercle. Tubercle is the primary dominating element. In cases of consumption of that kind the ordinary nomenclature of tubercular consumption would seem to be good.

I believe as much as I ever did that there is such a constitutional form of pulmonary consumption. Some of us believe, however, that there are other forms of pulmonary consumption which can be traced to local inflammatory action. May I not state the matter stronger by saying that a large proportion of cases of the ordinary forms of pulmonary consumption can be traced to a primary inflammatory condition of the lung. My belief is more and more in that direction.

In the early part of my professional life, I was an ardent disciple of Louis, and was brought up in the teachings of that school. All my prejudices were in that direction, and I believed, with the adherents of that school, that there was no form of consumption that did not depend upon tubercle; but from subsequent careful study of the disease I have been obliged to abandon that exclusive view of the subject. I now believe that a large proportion of cases of pulmonary consumption have their origin in some form of inflammatory action of the lung.

It is an interesting question as to the relative *frequency* of the different forms of constitutional, acquired, or accidental consumption.

Now of these accidental inflammatory varieties we have the so-called catarrhal form of phthisis. That is, a primary epithelial trouble, commencing in the mucous membrane and finally involving the bronchioles and air cells, then producing, as the result of a low grade of inflammatory action, a cheesy degeneration, which ultimately eventuates in destruction of lung tissue. I need not discuss the relation of this cheesy degeneration to the development of tuberculosis—a subject familiar to all—nor need I allude to the fact that it is not *all* forms of bronchitis, or pneumonitis, or pulmonary disease that result in pulmonary consumption. This, indeed, is largely exceptional, so that after all we must recognize, as a condition precedent, inflammatory action engrafted upon a *peculiar constitution*, and that we believe to be a general degraded condition of the nutritive system. This is an important point in the discussion of the question. Thus it is frequently observed in scrofulosis; indeed, in all constitutional affections depending upon mal-assimilation and bad blood. Pulmonary inflammation occurring in such constitutions is apt to lead to pulmonary consumption.

German and other observers have noticed that a large proportion of cases of the catarrhal form of inflammation eventuate in quick "galloping consumption," so called. It is believed, however, by recent observers, that we have a slow, gradual, insidious form of the disease, primarily developing itself in the cellular connective tissue of the lungs, ending in a fibroid or albuminoid degeneration of the lung tissue. This is known as *fibrous phthisis*, undoubtedly a common form of disease. It is believed by others that a large number of cases of pulmonary consumption can be traced to inflammation which commences at the periphery of the lungs—*primary pleurisy.* —*Dr. S. G. Armor in Proceedings Kings Co. Medical Society.*

Color-Blindness.—The eleventh annual report of the Railroad Commissioners of Massachusetts contains a quite full consideration of the subject of color-blindness. We make several extracts which will probably interest:

"It has long been known that there is such a defect in vision as color-blindness. In rare cases it is total; more frequently it is partial. Various divisions have been made by different writers in describing this defect. Prof. Holmgren's division is as follows: I. Total color-blindness. II. Partial, which he sub-divides into: 1. Complete color-blindness, including red blindness, green blindness and violet blindness. 2. Incomplete color-blindness, where the sense as to one or more colors is feeble. His divisions are cited, for he is often quoted, and it is necessary to remember that with him one sub-division of "partial color-blindness," is "complete color-blindness," this phrase is likely to mislead. The different species of this defect, practically important in connection with railroads, are total color-blindness, which is very rare, red-blindness and green-blindness. The red-blind confound red with green, with gray or brown, and sometimes with black. The green-blind confound green with red, or with gray and brown. The inability to distinguish red and green is not only the most marked species of color-blindness, but it is in practice the most important, as these colors have been very generally chosen to signify danger and safety on railroads, and universally to mark port and starboard on the sea.

Generally the defect exists from birth, being often hereditary. The learned Dr. Pliny Earle, who wrote a valuable article on this subject in 1845, knew seventeen persons of different generations in his own family, who were utterly unable to discriminate between red and green. Sometimes it is caused by sickness or injury; and frequently it results from the excessive use of liquor or tobacco. Often the defect is unsuspected for years. This happened in the case of the famous John Dalton, whose name has long been connected with this peculiarity of vision. It is the general belief in Rome that Garibaldi selected the red flannel, which increased the exposure of his soldiers to the marksmen of the enemy, in full belief that it was dark green, laying his hand on a scarlet piece of cloth instead of a green one, when choosing the material for their uniform. Even if the story is unfounded, it shows that the existence of total color-blindness is recognized and notorious, not only among men of science, but among all classes of people.

It need hardly be said that such a defect is a source of danger, while railroad trains are run by colored signals. It is true that the commissioners have not been able to find that any railroad accident has ever been clearly traced to this cause. Prof. Holmgren

indeed says that, in a certain trial, "testimony was adduced which had led me to suppose that color-blindness was one of the principal causes of the disaster." He and other writers speak of it as a cause of accident in other countries or in distant places. The *Scientific American*, in the number for July 9, 1853, refers to color-blindness as a possible cause of the terrible Norwalk accident of May 6, 1853, by which forty-six persons were killed. But no investigation on this point seems to have been made, and, upon examination, the facts do not appear to warrant any such conclusion. The same eloquent journal had called attention to the subject in its number of May 28. The director of the Swedish State railroads, C. O. Troilius, who has given especial attention to this subject, writes: "No accident traceable to color-blindness, as far as we know, has occurred on our lines." One of the railroad journals of this country, the *Railway Age*, in its investigation of the subject, has received answers from thirty-seven superintendents and other managers of railroads, no one of whom had ever heard of an accident resulting from color-blindness. This, of course, does not prove that no such accident ever did occur.

The possibility of accident arising from this cause has been shown. And, as to one employe, recently for the first time discovered to be color-blind, it appears that on former occasions he has led several engineers into errors, for which they have been reprimanded. No doubt now exists that he did this by displaying the wrong signals. Each of these errors might have resulted in disaster. The defect was unknown to the man himself, but was manifest at once on his being examined by the intelligent officer detailed by the superintendent of the road for that duty, and whose skill and thoroughness is elsewhere spoken of. It is hardly necessary to add that the person examined is now in a position where perception of color is not needed.

The investigations of the board have convinced them that, while danger is possible, and while all needed precautions to avoid such danger are an absolute duty, yet its extent has been greatly exaggerated. When a large per cent. of color-blindness is reported among a body of employes, great allowance should be made for the agitation and nervous excitement under which they labor when they are examined. They are called in from the open air to a room perhaps imperfectly lighted, and, in the presence of strangers, are subjected to an investigation which is mysterious to them, and which they have heard that their daily bread and that of their children may depend upon its result. While they are thus "on trial for life," they often make mistakes which wholly misrepresent their capacity for distinguishing color, and which give a false idea of their general intelligence.

Of course, if it is unsafe to employ a man afflicted by color blindness, he must be discarded. It would be false sympathy and misguided pity that would retain him. But it would be at once foolish to remove three or four per cent. of our railroad employes from their places, if they are, in fact fully qualified to perform their duties."

Acute Delirium Tremens—Rapid Cure by the Use of Tartar Emetic and Opium.—Dr. Catañeda, resident at Paris, writes that the observations on delirium tremens are sufficiently common and that its treatment by means of tartar emetic and opium is not very recent. Graves recommended it a great deal, and in England it has been practiced to a considerable extent. Day by day the method has become less popular, until, to-day, those who employ it are among the few. This must have its reason either in the fact that wrong diagnoses were made or because the treatment was not applied at the proper time. The following case appears to add proof not only to the effectiveness of this treatment, but also to its rapidity of action.

Case.—Mr. X, æt. 25, of a good constitution, nervous temperament, was attacked once or twice with convulsions during his first dentition; when some six years old he suffered from nervous attacks, probably of an epileptoid nature. In 1871, being implicated in the Paris Commune, he was sent to a prison on the sea coast. Here, it appears, he daily consumed a quantity of cod liver oil and rarely suffered from nervous attacks. Finally released and returning to his family, he discontinued the oil and drank excessively of liquors. He soon had the symptoms of alcoholism, tremor, etc. While in a *café* with some friends he had a nervous attack and fell from his chair. He had no initial muttering, no flushing, did not bite his tongue nor lose sensation, for he heard and understood all that was said. He had illusions; the wound he had received in his forehead from the fall, he attributed to a blow inflicted upon him by an imaginary enemy. He was taken home by his friends; then he had hallucinations. He failed to recognize his friends and parents, and each person that entered the room was to him the public executioner or his aid coming to carry him off to the guillotine. He saw nothing but enemies in persons that happened to be present, and began to see mice, reptiles and other loathsome objects. He had great agitation, profound insomnia and delirium, and became at times so furious that few dared to approach him. A physician administered morphia, remarking that the patient's brain was affected and that he would soon die.

The author being called in, he found the patient lying on his back, with extreme and violent agitation. Illusions and hallucinations, great loquacity, pronouncing some phrases clearly and with energy, and others indistinctly and between his teeth, constant and exaggerated tremor, which was general and noticed even in his speech. The face was injected, presenting at the margin of both eyes a profound and extensive ecchymosis of a deep color, almost black. On the right side of the forehead an ecchymosis occupied the whole frontal eminence, with tumefaction and slight abrasion of the skin. He had anorexia, constipation, scanty and high colored urine and the temperature somewhat elevated.

The treatment consisted in a cold compress to the head, hot foot baths with mustard, castor and valerian to take through the night. This was on July 26th.

July 27th. At 11 A. M. the patient's state was the same; same treatment ordered continued. The symptoms toward evening became worse, and the following was prescribed: Tartar emetic 0.1 grm., paregoric 1.5 grms., water 120 grms; to take a tablespoonful of this mixture every half-hour.

July 28th. The patient, who had not slept for three days, at the third dose fell in a slumber which lasted six hours. The same medicine continued, a tablespoonful being given every two hours.

July 29th. Had good appetite; was given an emetic (ipecac), and the two following days a tablespoonful night and morning of the following: Tincture of gentian, quassia, colombo and cinchona, of each, 30 grms., muriate of morphia, 0.1 grm.

The cure commenced immediately and the patient rapidly returned to comparative health.—*Chronica Medico-Quirurgica de la Habana.*—(*St. Louis Medical and Surgical Journal*).

DOUGALL ON DISINFECTION BY ACIDS.—The following remarks apply to the destruction of infective matter—to disinfection, and not to the preservation of organic matter, or antiseptism as practised in surgery. In a series of experiments, Dr. John Dougall found that vaccine lymph exposed to certain volatile acids, until it had an acid reaction, lost its power permanently. Carbolic acid, however, was not among the number; for, although lymph recently mixed with certain proportions of carbolic acid could not be inoculated, yet, if exposed to the air for a time, the carbolic acid volatilized, and then the lymph was potent, so that it was proved to be a preserver of organic matter and not a destroyer, whereas chlorine, hydrochloric, nitrous, acetic and sulphurous acids were reliable disinfectants after the lymph was once thoroughly acidulated. As regards the permanganate of potash, as found in Condy's fluid, it was proved by experiments that it would require £10,950 to disinfect the yearly excreta of thirty enteric patients. Although carbolic acid has no claim as a disinfectant, it may, nevertheless, assist in preventing zymotic disease, by its antiseptic powers. It is natural to suppose that acids should be prompt and efficient anti-zymotics, omitting carbolic acid, of course, which partakes more of the character of an alcohol, and is called an acid because it forms salts with alkalies, while it does not redden blue litmus, because all infectants have an alkaline, if not a neutral, reaction. Such is the case with vaccine, varioline, virus of infective inflammations, virus of glanders, enteric and choleraic fæcal matter. Sulphurous acid has long been well known as a most efficient aerial disinfectant. Acetic and nitrous acids are also most valuable, Dr. Smith receiving £5,000 for the suggestion of the use of the latter acid in Winchester gaol during an epidemic of malignant fever in 1780. Dilute hydrochloric acid (one to twenty) Dr. Dougall considers the cheapest, most easily made, and most effective non-aerial disinfectant. A large cupful of the mixture is placed in the chamber utensils. After being emptied down the closet, they are rinsed with another cupful, which is at once poured down the closet, the water running while this is done. No injury results to the metal of the closet. The dirty bed clothes and body linen are sprinkled with the solution, sufficiently to make them sensibly damp, and allowed to remain for four hours; saturation for an hour is, of course, preferable. As woolen clothes resist the acid better than linen or cotton, and as they retain infective matter longer, it is better to expose them for a longer period. Boiling water is afterwards poured over the acidified clothes, etc., and allowed to stand for an hour. The subsequent rinsing must be thorough before washing, otherwise the soap forms no lather.—*Lond. Med. Rec.*

FUR ON THE TONGUE.— In a recent paper before the British Royal Society, Mr. H. T. Butlin, F. R. C. S., described this fur as consisting chiefly of (1) *Débris* of food and bubbles of mucus and saliva; (2) Epithelium; (3) Masses which appear at first to consist of granular matter, but which are the glœa of certain forms of schistomycetes. That the last named of these three is the essential constituent is proved by the fact that the quantity of the glœa corresponds roughly with the quantity of fur present, and that its position upon the tongue corresponds exactly with that of the fur, both covering the tops of the filiform papillæ, but not usually lying between them. In order to ascertain the true nature of the glœa, and to obtain it in a purer form, it was cultivated upon a warm stage. Several fungi were discovered, but only two of these were present in every instance, *Micrococcus* and *Bacillus subtilis;* and, as the glœa produced artificially was similar to that existing naturally in the tongue fur, it is believed that fur is composed essentially of these two fungi. *Micrococcus* developed freely and abundantly, forming large masses of yellow or brownish yellow color. *Bacillus* did not develop, but existed in greater or less abundance in all the cases examined. Its development was probably prevented by the presence of other developing organisms, from which it was found impossible to separate it. It appeared to be identical with the *Leptothrix bucalis* of Robin. Although it did not develop under artificial conditions, it is probable that development takes place freely upon the surface of the tongue. Its habitual occurrence there and the presence of spore-bearing filaments favor this view. Besides these fungi there were present more or less constantly, *Bacterium termo*, *Sarcini ventriculi*, *Spirochæta plicatilis*, and a larger form of *Spirillum* (or rather *Vibrio*). *Sarcini ventriculi* was frequently present, and generally developed quickly, forming large masses of a yellow or a yellowish brown color. *Spirochæta plicatilis* occurred only in two or three of the specimens examined. *Bacterium termo* existed in some of the furs, and twice developed with such rapidity that the whole of the fluid was crowded with these organisms. The slime between and around the teeth was found to consist of the same fungi as the tongue fur, but the rods of Bacillus were longer, probably owing the disturbing causes being fewer.—*Clinical News*

Treatment of Diseases of the Tonsils.—In the discussion following the reading of a paper on this subject before the N. Y. Academy of Medicine, Dr. J. H. Douglass gave it as his opinion that the enlargement of the tonsil, in chronic cases, was due to a partial constriction by the anterior and posterior pillars of the fauces, the result of catarrhal inflammation of the tissue. A point in treatment was to reach the posterior arch ; and to effect this he found that the nozzle of a syringe could be carried far enough back to wash out any concretions of mucus and apply appropriate remedies. Congestion alone is sufficient to increase the tonsil to three or four times its natural size ; this he had demonstrated by means of post mortem injections with lard. He was not, from having seen the operation performed a number of times, so favorably impressed with the removal of the tonsil. The introduction of the nozzle of a syringe into the crypts and washing them out, he had found to be a valuable aid to cure. Dr. Beverly Robinson was accustomed to apply to the crypt of the enlarged tonsil a probe coated with nitrate of silver. Dr. Roosa did not believe that enlarged tonsils was a cause of deafness. The name, "throat-deafness," was unscientific and should be replaced by the term "catarrhal deafness."

The Precursors of Cancer.—At a recent meeting of the London Clinical Society, Mr. G. Lawson read the notes of a case of a cancer of the breast following eczema of the nipple. In the subsequent discussion a number of prominent surgeons took part, including Sir James Paget and Mr. Hutchinson, and some interesting facts were brought out. It was pretty generally agreed that there were a number of chronic disturbances of nutrition, which, if neglected, ended in cancer, when the cancerous period of life came on. Thus eczema of the breast, if it were really eczema, was shown in a certain per cent. of cases to be a precursor of cancer, and the question of the early extirpation of the breast was a very important one. A similar clinical history was ascribed to ichthyosis of the tongue. This in course of time is likely to eventuate in cancer. A like remark applies to old burns or scars on the lower extremities. If in advanced life these begin to ulcerate they are liable to become cancerous. So too of other conditions, such as syphilitic disease of the tongue.—*Medical Record.*

Tar as a Medicinal Agent.—In the *Berliner klinische Wochenschrift* Prof. Peclam reports some of his personal experience with this agent. He does not consider tar water at all efficient, and always administers it in pills or capsules. One constant and curious effect he noticed was that the urine of a patient taking tar does not decompose for five or six days, instead of in twenty-four hours as usual. The general indication for tar is a chronic catarrhal inflammation of the mucous passages of the respiratory or urinary tract, as bronchitis, vesical catarrh, gleet, etc.

Formulary.

Oleate of Lead in Eczema.—Mr. J. Sawyer, of London, gives in the *Practitioner* the following :

℞ Oleate of lead.....24 parts.
Heavy, inodorous paraffine oil.14 "

The lead oleate is prepared by heating a mixture of oleïc acid and oxide of lead. He can confidently recommend this ointment as a very efficient local application in eczema.

New Method of Preserving Dead Bodies.—The German government has recently bought the patent for a new preservative fluid. It is claimed for it that the bodies, even after years, retain their color, form and flexibility. The bodies are saturated in a liquid made as follows :

℞ Alum.....100 parts.
Sodii chloridi..... 25 "
Potass. nitratis..... 12 "
Potass. carb..... 60 "
Acidi arsenici..... 10 "
Aquæ.....1,000 "
M.

The solution is cooled and filtered. There are then added to 10 litres (about 2½ gallons) of the fluid 4 litres of glycerine and 1 of methylic alcohol. From two to five litres are used in saturating the body to be preserved.

The *Chicago Medical Gazette* says the following is a valuable

REMEDY FOR SCANTY, IRREGULAR MENSTRUATION,

when associated with and dependent on anæmia, neuralgia and neurasthemia :

℞ Tinct. ferri mur..... ʒ x
Liquor potassæ arsenitis..... ʒ ij
M. Sig. Twelve drops after each meal, through a glass tube, in about one-third glass of water.

Ammonia Sulphate of Copper in Neuralgia.—In neuralgia of the fifth pair, Professor Fereol, of Lyons, believes he can report good results from the following :

℞ Cupri ammonio-sulphatis.....grs. j–iij
Syrupi florum aurantii..... ʒ j
Aquæ destillati..... ℥ iij
M. Sig. Give one-third of mixture at a dose, three times a day.

It gives a fœtid odor to the breath, which should be disregarded.

REMEDY FOR CHILLBLAINS.

Dr. Valentine Mott recommends the following:

℞ Beef's gall..... ℥ jv.
Oil of turpentine..... ℥ jv.
Alcohol (90 per cent.)..... ℥ jss.
Laudanum..... ℥ j.
M.

LOTION FOR ECZEMA.

℞ Sodii bicarbonatis..... ʒ ij.
Potassii bicarbonatis..... ʒ j.
Glycerinæ..... ʒ jss.
Tinct. Opii..... ʒ ij.
Aquæ fluvialis q. s. ad..... ℥ viij.
M.

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

Vol. III. DETROIT, FEBRUARY 25, 1880. No. 4.

Medico-Legal Aspect of the Hayden Trial.

The trial of the Rev. Mr. Hayden for the murder of Mary Stannard, on the 3d of September, 1878, was but recently concluded. The murder was a peculiarly brutal one, and the interest which the public took in the trial was both intense and wide-spread. The facts in the case are doubtless familiar to our readers, and it will be necessary only to recall those whose bearing is on the medico-legal points which were developed, and which will doubtless cause the trial to take a position of much importance in medico-legal literature. The dead body of the victim was found a short distance from her home near Middletown, Conn. An examination revealed a large bruise on the side of the head, a deep incised wound of the throat severing the common carotid artery and internal jugular vein; also a severe contusion of the left hand. Several theories were advanced, one of these being suicide. Certain facts, however, directed suspicion to the Rev. Mr. Hayden, in whose house the girl had been a domestic, and it was in time boldly charged that Hayden had murdered the girl in order to prevent the natural consequences of criminal intimacy with her. The girl had declared to friends that she was pregnant by Hayden, and that he had promised to secure an abortion. It also appeared that Hayden had purchased an ounce of arsenic to poison rats on the day of the murder. On leaving her home the girl took with her a napkin and a safety pin, and declared that she was going to Hayden's to get the "quick medicine" he had promised her. The napkin and safety pin were found on the dead body. These facts were made known after the burial of the girl, and eight days after the interment the body was exhumed and subjected to a minute post-mortem examination, and the stomach submitted to an analysis. The uterus gave evidence of disease but not of pregnancy, and the right ovary presented a tumor as large as a walnut. Ninety grains of undissolved arsenic were found in the stomach, which presented signs of acute inflammation. Traces of arsenic were also detected in other organs. Hayden was arrested. The theory of the prosecution was that, meeting the girl according to agreement, he gave her the arsenic, and afterwards stabbed her with his pocket-knife. The defense offered no theory, but confined themselves to objections to the evidence adduced by the prosecution.

The theory, under the circumstances, would seem a tenable one, and its apparent tenability, taken in connection with the fact of the disagreement of the jury, makes the medical testimony at the trial all the more interesting. Dr. Wm. T. Belfield, Demonstrator of Anatomy, Rush Medical College, in an article in the February number of the Chicago *Medical Journal and Examiner*, submits this testimony to an able review and analysis. He submits several questions, which he supposes the jury to have answered from the evidence submitted. The answers given do not appear to accord with the usually received scientific views, and afford ground for reflection on "expert testimony," as it is usually submitted at our courts of justice. We give herewith two of these questions, the practical nature of both of which is important:

"Is it possible to determine by the microscope that a given stain does or does not consist of human blood? On this point were obtained the opinions of two leading experts—Surgeon Woodward and Doctor Treadwell. It is a matter for congratulation and pride to microscopists, that these two gentlemen, representing, as they are reputed to do, the extremes of conservative and progressive opinion in this matter, should differ in no essential point as to the technicalities involved. The differences of opinion, important as they are, arise from the greater experience, and hence, very naturally, greater caution of Col. Woodward. They agree that while the fresh blood of man can be generally distinguished from that of most of the domestic animals, and from that of all animals not mammals, yet there are certain animals whose blood-corpuscles are so nearly identical in size with those of man as to render positive distinction by the microscope impossible. Dr. Woodward, however, after alluding to the extreme variability in size of the corpuscles, in the same as well as in different individuals, objects to the assumption of 1-3200 inch, or any other figure, as the exact average of human corpuscles. He insists upon the impossibility of knowing the actual average, since successive examinations give varying measurements. In consequence of this fact, and of the further impossibility of assigning limits to the possible size of individual corpuscles, he urges the necessity of extreme caution; and insists that when attempting to distinguish corpuscles whose asserted "averages" (usually Gulliver's) differ but little—those of man and the dog, for example—the microscopist shall speak in terms of probability only. These remarks apply to blood freshly drawn upon glass slides; the uncertainties are much increased if the corpuscles to be measured have been obtained from a stain upon cloth, a clot, etc., and have been artificially "restored" to their former size. In this case the chances of success are diminished by the introduction of a new and important source of inaccuracy.

Dr. Woodward then proceeds to criticise Dr. Treadwell's assurance in basing an opinion upon an average of fifteen corpuscles (found in the thumb-niche of Hayden's knife-blade) as entirely unwarranted. Dr. Treadwell maintains that the micros-

copist needs only fifteen or twenty corpuscles in order to ascertain a fair average, and that he can "restore" dried corpuscles to their exact size. He then assumes the aggressive and criticizes Dr. Woodward's trust in the measurement of the photographic pictures of blood-corpuscles instead of the images as seen in the microscope.

This testimony is most opportune. In these days, when the laxity of the bench and the unscrupulous eagerness of the bar put a premium upon reckless extravagance of assertion and even falsehood on the part of expert witnesses; when a man is permitted to swear that he can not only distinguish human blood, but can even identify an individual by the size of the blood-corpuscles; in these days it is especially fortunate that we receive from the foremost microscopist in America—an unbiased witness—the exact state of microscopical science in this matter. It is to be hoped that the medical profession will do its part—a considerable one—in the propagation of the truth, and that there will result a more general knowledge of what the microscope can *not*, as well as what it *can* do, in the detection of crime.

Can an ordinary ovarian cyst, no larger than a walnut, occasion symptoms of early pregnancy? Strangely enough, two Yale professors testified in the affirmative, although, as was subsequently proven, there is no authority nor recorded instance warranting such an assertion. Every medical man (except the two professors) knows that ovarian tumors usually attain a larger size before attracting the patient's attention to their presence and then not by causing symptoms of pregnancy, but by their pressure on other organs and by the local pressure of the abdominal walls. It is by no means seldom that one finds, post-mortem, ovarian cysts larger than the one in question, whose existence had never been suspected by the patient, nor even by her medical attendant."

Miscellany.

Long Beards.—Dr. Leonard's admirable work on "Hair: Its Growth, Care, Diseases and Treatment," just issued, contains the following cuts, with description, of probably the two longest beards on record. The first is that of Edwin Smith, of Lenawee county, Michigan, a well-to-do farmer, 45 years of age.

"His beard has been some twelve years growing to this length. Most of the time before he had kept his chin shaven, though when 14 years of age he had a beard that was six inches in length.

The head hair also shows a marked disposition to exuberance of growth, as monthly he trims off two inches from the ends of the hairs. His *twin brother* has no tendency to this hirsutic growth.

Always, till the last year or two, he has enjoyed excellent health; but through sickness in his family and the loss of a beloved wife, he has become considerably reduced, and has not even yet regained his old-time vigor. His diet has always been that of the

ordinary farmer, plain food, never having any special desire for pastry and the like.

At the time he visited my office he could stand in a chair and his beard *would touch the floor.*

Under date of April 1st, 1879, enclosing a photograph from which the engraving was made, he writes: "My beard is now *seven and one-half* feet in length, and a-growing as fast as ever."

The case is especially remarkable from the fact that *both* the head-hair and beard are of such rapid and wondrous growth. Usually when the beard is of exceptional thickness or length, the head-hair suffers, and *vice versa.*"

The other cut is that of Mr. Ignatz Hüber, of St. Pöltsen, North Austria. Mr. Hüber may be remembered by some of our readers who may have seen him at the Vienna Exhibition in 1873. He there had charge of one of the departments. Dr. Henry L. Joy, of Marshall, whose brother saw him at that time, vouches for the correctness of the portrait as here given, but says he knows nothing further concerning him.

Mr. Hüber is now some 56 years of age, and his beard is quite gray. It comes down to the floor when standing erect, and is surely a marvellous beard for one so old, although it does not measure so long as Mr. Smith's, previously described. This beard was *four feet six inches* in length at the time the portrait was taken, 1873. The back of card bears this brief autobiography: "Ignatz Hüber von Wilhelmsburg, bei St. Pöltzen in N. O., 50 yahr alt. Bart länge 4 schu 6 zoll."

The earliest recorded case of wonderful beard growth occurred some 500 years B. C., and this was in the female; she lost her voice at the same time the beard began to grow. The growth started up rapidly in a single night.

Antimonial Wine as a Social Drink.—The N. Y. *Times* relates a remarkable story of a Sheboygan, Wis., physician. It seems that this brother did not take kindly to the surprise parties with which well meaning but injudicious country people are wont occasionally to assail their corporeal as well as their spiritual advisers. One night, just after he and his wife had retired, the surprisers came down on him thirty strong. The victims rose, dressed themselves, and welcomed the invaders with an apparent cordiality which threw them off their guard. There was only one thing which seemed to mar the doctor's delight at seeing his "friends"—as he termed them. This was his fear lest they might have contracted typhoid fever by passing near a sewer-opening some distance from his house. He told them that although in the daytime the sewer-gas was comparatively innocuous, he should be afraid to pass within reach of it at night, and that he could not bear to think that his friends should have incurred any risk of health by their delightful and unexpected visit to his humble home. The "friends" laughed at his fears, and refused to be in the least degree alarmed. They made themselves at home by scattering cake crumbs on the carpet and the furniture, and playing airs from "Pinafore" on the piano. When the physician brought out wine, they accepted it gladly, and there was not one who refused his earnest request to drink a full glass of wine to show their hearty good fellowship. Five minutes later a strange silence fell simultaneously upon the assemblage. Strong men began to grow pale, and several ladies remarked that it was very late, and that they must immediately go home. The good physician said he was afraid that some of them were beginning to feel the effect of the sewer-gas, and begged them to try a little more wine, but they all declined in much haste, and began looking for their hats in a hurried and preoccupied manner. One man rushed suddenly for the door and vanished without hat or overcoat, and in a few moments the invaders began a panic-stricken retreat. In vain did the physician urge them to stay and have a dance. In vain did he press more wine upon them, and offer to have some nice little pork chops cooked if they would only wait a little longer. They fled, without waiting to say good night, and as the doctor and his wife stood smilingly at the front door holding the lamp to light them on their way, strange and awful sounds came through the darkness of the night, and the fence on the opposite side of the road seemed to be hung with limp and agonized criminals. The next day the physician was sent for by twenty-seven of the thirty marauders, who informed him that they had been taken suddenly ill from the effects of sewer gas, and were on the brink of typhoid fever. He soon cured every one of them, and thus laid the foundation for what promises to be a large and successful practice. One of the invaders, a fat old man, notorious as a leader of surprise parties, needed no medicine, for he was found dead in the street the morning after the surprise party, and, in the general joy over the event, the jury declined to inquire closely into the cause of his death, but attributed it to cold and acoholism. The physician has, of course, since replenished his stock of antimonial wine, and frequently remarks that he greatly enjoys surprise parties, and will always be happy to have his friends call on him at midnight and take a friendly glass.

Milk a Forbidden Food in China.—The Chinese, who esteem rats to be a delicacy, are down on the use of milk. The following translation of a Chinese placard regarding the highly immoral practice of consuming cow's milk is sent to the Foochow Herald for publication: "Strictly refrain from eating cow's milk! Man should not rob the beasts of their food. Moreover of all beasts the cow is the most useful and meritorious. Men who do not discriminate between mankind and beasts are worse than senseless. Those who sell milk darken their consciences for gain, and those who eat cow's milk foolishly think they are benefitting their bodies. Men who take medicine should first carefully investigate and find out its nature. Why do not those who eat cow's milk consider and inquire into its origin? For instance, men beget children, and while the children are small they depend upon milk for their nourishment; so it is also with beasts. But when men buy milk to eat, do they not do injury to the life of the calf? And is there not bitter hatred and distress in the minds of both cow and calf? Beasts cannot speak; how then are they able to tell the man that, in eating the milk of beasts, his body becomes like that of birds and beasts? But if men wish to take strengthening medicine, there are numberless other articles in the world that are beneficial; and what necessity then is there for taking cow's milk? Besides the death and life of men have their fixed number and limit, and this cow's milk cannot lengthen and continue the life of man. Since then, all know the truth—that it cannot do this, all ought to act

with a loving and benevolent spirit. Especially all who receive this exhortation should keep from eating milk. The children of those who cause their families to refrain from eating milk will be preserved to grow up; they also will thus lengthen out their own lives, and will escape from evil in time of fatal epidemics. If such persons be able also to exhort others, who are ignorant of first principles, to leave off the eating of milk, their descendants shall surely prosper. Published by the Hall of Good Exhortations. The Xylographic Blocks are deposited in the Ung Ling Kóh."

Medical Journal Advertising.—The class of men who make use of the advertising pages of the medical journal for the introduction of their goods are so uniformly upright and straightforward in their dealings with those journals as to make an exception to the rule peculiarly noticeable. When such a one turns up, we are of the opinion that it would exercise a wholesome influence to pass him round.

Anent this subject the following from the *Pacific Medical and Surgical Journal*, is quite pat:

"The only difficulty which this journal has ever had in the settlement of accounts for advertising, has occurred lately with a well known concern in New Lebanon, N. Y. That firm made a contract with us, through an agent, for a year's advertising, and annulled the contract at the end of four months, paying us after much delay for three months of the four, the collection of which cost us ten per cent. We shall in future decline advertising for Tilden & Co. on any terms."

This experience tallies very nearly with our own. After a long course of dunning we were obliged to place the account in the hands of an attorney, shortly after which we received a check for the exact amount of the claim. The attorney's fees and other costs we were obliged to pay, but considered ourselves fortunate in effecting a settlement even at this loss.

Some time ago we received copy for a two-page advertisement from another New Lebanon firm. Suspecting that this firm had a connection with, or was an offshoot from, Tilden & Co., we declined inserting the advertisement before receiving quarterly payments in advance. It is needless to say that the payment was not forthcoming.

Counterfeit Eggs.—The following seems to us an excellent hit on the food and drug adulteration alarmists, although the worthy editors of the *Scientific American* evidently failed to see it in that light:

"It is well known that in America everything is counterfeited: the wooden hams and nutmegs sent from the New England States are well remembered. Eggs are now also counterfeited, and this manufacture is carried out on a large scale. On one side of a large room the reporter saw several large copper vessels filled with a thick glutinous yellow mass, which a man was constantly stirring. This was the yellow of the egg—the yolk. On the opposite side were similar vessels in which the white was fabricated. The egg shells were made of a white substance resembling the plaster of Paris, by means of a blow pipe, just as soap bubbles are blown. After being dried in an oven, the egg shells were filled, first with artificial albumen, then with some of the artificial yolk, and lastly with a little of the artificial albumen. The small opening at the end of the egg was closed with white cement, and the greatest achievement of modern civilization, the artificial egg, was ready. In appearance it resembled a natural egg; but, whether cooked or raw, it was indigestible and injurious to health.

The *Scientific American* adds: The above we find in the *Canada Medical and Surgical Journal*, credited to the *British Medical Journal*. To make his story complete, the writer should have added that at this same manufactory he also saw a number of patent incubators, employed in hatching out chickens from these artificial eggs, which was causing great excitement among the farmers and poultry raisers."

Electricity in Constipation.—On page twenty-four of the January number of the Michigan Medical News I read that, in the case of a dyspeptic with obstinate constipation, reported by Dr. Da Costa, the Faradic current of electricity was used without success. I have used electricity in numerous cases of dyspepsia and obstinate constipation without a failure, taking but from one to three weeks to effect a cure. Some required but one week's daily treatment, some two and others three weeks, receiving treatment every other day during the last weeks. True, in a few of the cases, where I found the liver at fault, I gave at bed-time hydrarg. chld. mitis grain 1½, combined with pulv. opii grain ⅛, which always acted gratefully by the next morning. But these were cases of exception, electricity being my main dependence. The treatments were so effective that sometimes within half an hour after the seance the bowels were moved, and that although there had been no motion for a week before.

My mode of application differs much from that mentioned in your journal, particularly as to the manipulation of the bowels. There is nothing in nature equal to it for restoring enfeebled peristaltic action. C. A. Foster, M. D., LL. D.

Grand Rapids, Mich.

How to Gargle the Throat.—Dr. Lowenburg recommends the following method of gargling the naso-pharyngeal cavity: The patient inclines the head horizontally backward, and performs movements which we may call "quasi-deglutition," not including the last portion of this physiological act, definite swallowing. The liquid is passed much higher behind the soft palate than the ordinary method of gargling will permit. Some persons succeed so well in this manœuvre that they are able to eject by the nose the liquid which has been received by the mouth. Moreover, these rapid muscular contractions completely detach the abnormal secretions, which can then be easily expelled, and the greatest possible relief is thus given to the patient. Another

method is to fill the mouth with the tongue; this confines the gargle to the pharynx. The head should then be bowed in a forward direction until the top of the cranium is its lowest portion. In this position the gargle will not only wash the roof of the mouth —giving a sort of sitz-bath, as it were—but if the patient has caught the trick, will flow forward through the nose.

THE SOCIAL STANDING OF ENGLISH M. D.S.—Dr. J. Milner Fothergill having written to the Philadelphia *Medical Times* that the medical profession of England did not occupy a satisfactory social position, the *British Medical Journal* took him warmly to task for his utterance. Dr. F. returns to the attack as follows: "I know nothing of club life, but since the notices of my letters have appeared in the *British Medical Journal* I have had a good deal of information afforded me about the social position of the profession; and it appears that at the very select clubs doctors are not eligible for election, and that comparatively very few are to be found at the Athenæum—the home of literature. If the profession are really satisfied with their social position, then, surely, a great deal that I have read in the medical journals for the past twenty years was unnecessary and unjust. I believe that up to the time of the Crimean war an assistant surgeon in the navy could be flogged; and it has only been from its necessities, and not from its voluntary action, that the war office has given anything to the profession."

THE KING OF THE BELGIAN'S PRIZE.—By a decree of December 14, 1874, His Majesty the King of the Belgians offered an annual prize of 25,000 francs for the encouragement of intellectual effort. The prize for 1881, for which authors of all nations may compete, will be awarded to the best work on the means of improving ports established on low and sandy coasts, like those of Belgium. Foreigners desiring to compete for this prize will be required to send their works, either printed or in manuscript, to the Minister of the Interior, at Brussels, before the 1st day of January, 1881.

A manuscript work obtaining the prize must be published in the course of the year following that in which the prize shall have been awarded. The award will be made by a jury appointed by His Majesty the King of the Belgians; the jury will be composed of seven members, three of whom are to be Belgians and four foreigners of different nationalities.

HOW TO MEDICATE A PIG.—The following piece of information is not strictly such information as our readers pay for, but it strikes us as being a very valuable piece of knowledge for those to store away who are liable at some time to be called upon to ease even a suffering hog (the term is intended to be accepted in its literal, not suggestive, sense). The directions were given by Prof. McBride, at a recent meeting of an English farmer's club: To dose a pig, which you are sure to choke if you attempt to make him drink while he is squealing, halter him as you would for execution, and tie the rope to a stake. He will pull back until the rope is tightly strained. When he has ceased his uproar and begins to reflect, approach him, and between the back part of his jaws insert an old shoe, from which you have cut the toe leather. This he will at once begin to suck and chew. Through it pour medicine, and he will swallow any quantity you please.

A RAPID CURE FOR COLD.—R. Rudolf reports, in the *Gazetta Medica Italiana*, the following observations made on himself: Being seized with a severe coryza, he happened to chew one or two twigs of the eucalyptus, at the same time swallowing the saliva secreted, which had a bitter and aromatic flavor. To his surprise he found that in the course of half an hour the nasal catarrh had disappeared. Some days later he was seized with another attack from a fresh exposure to cold, when the same treatment was followed by an equally fortunate result. He then prescribed the remedy for several of his patients, all of whom were benefited in the same way. He believes that this treatment is alone suitable in acute cases.

The Mortality Report of Evansville, Indiana, for 1879, has appeared. Among the causes of death are some which would be amusing were it not for the fact that the report is prepared by one with an "M. D." affix to his name. We notice that one sufferer succumbed to "diphigan;" another sunk under "teases pul.;" a third had "meetic" fever, and "kramypin" was too much for a fourth. Among the deaths from accidents "kicked by a bad man" stands prominent. One patient died "by a ball and exposure." This latter is less explicit than the one preceding it, and leaves us in a state of perplexity as to whether the dear departed got in the way of a bullet or suffered from the debilitating effects of a Hoosier dance. "Chronic drean of the head" is given as the explicit cause of death of another. As catarrh is specially mentioned as one of the causes, it is probable that this "drean" is some disease peculiar to the locality.

Messrs. Wm. Wood & Co. announce the early appearance of a Practical Treatise on Nervous Exhaustion (Neurasthenia), its Symptoms, Nature, Sequences and Treatment, by George M. Beard, A. M., M. D. Dr. Beard's position as a neurologist justifies us in looking for a valuable work from his pen on this subject. It is designed to make the work at once condensed and practical, and to adapt it to meet the wants of the practitioner and inquirer in a department of the nervous system that up to the present time has received very little attention from scientific men.

It argues very poorly for either the enterprize, acuteness or fairness, of some of our home editors to have them copy from and credit to foreign journals articles which months before appeared for the first time in some American exchange. We have lately come across a number of pieces credited to English journals, which we had almost forgotten, but whose ear-marks remind us of the place of their conception, gestation and final parturition.

The English sparrow was introduced into American cities to destroy the worms on the trees. The little bird is so pugnacious in its nature as to have caused the disappearance of native birds from places in which it has been introduced. This fact prompted a sentimental miss to enquire of a metropolitan exquisite which he would rather have, sparrows or worms. "Really," replied the young man, "I—I don't know. I never had—sparrows."

The births of New York, Brooklyn, Providence, Washington and Cincinnati, the only American cities in which the births are registered, average one to every thirty-eight inhabitants per annum. This is less than in France, where one in thirty-seven is the rate. In Russia there is one birth to every twenty inhabitants. The birth rate among native Americans is about half that of the foreign born.

Sir William Jenner, who has resigned his professorship in University College Hospital, London, went one day into the pathological laboratory, and remarked how few students were present. "It's Derby Day," said his house physician. "Derby Day, sir!" said Jenner, with unconcealed surprise, "When I was a student, I knew as little when it was Derby Day as when it was Trinity Sunday."

Dr. Dixon, of the *Scalpel*, gives an account of an M. D., who was called to see a sick infant. When afterwards asked what ailed the child and what he had prescribed, said, "I couldn't exactly determine what ailed it, and so gave it a dose of castor oil, a few drops of paregoric and an injection, and then—baptized it."

The *Chicago Medical Journal and Examiner* says that by inflating the lungs as fully as possible, and making steady and firm pressure on the agitated diaphragm for a few seconds, the spasmodic action of that muscle, on which depends hiccough, will cease.

The *Pharmacist and Chemist* says that at one time some of the students of the Chicago College of Pharmacy interested themselves by testing several homœopathic preparations, with almost uniformly negative results. Above the third trituration even arsenic failed to respond to Marsh's test.

Among the dozen or so new medical journals which the new year has given birth to, there is a notable absence of those which have come to fill a "long-felt want." Tempora mutantur; a couple of years ago this was the standard reason, or excuse.

Since philosophers cannot agree
What life is, we'll hazard a guess;
It begins in a *cell* with a "C,"
And ends in a *sell* with an "S."—*Med. Tribune.*
Good poetry, but indifferent theology.

The editor of the Detroit *Lancet* designates "The National Dispensatory" and "Flint's Clinical Medicine" as monographs. How is that for altitude?—*Southern Practitioner.*

Dr. C. D. Phillips, of London, has recovered from the London and Southwestern Railway the snug little sum of $80,000, for damages resulting from an accident on that road.

The *South of India Observer* observes that if the quality of the cinchona crop turns out to be good, and prices keep up, the amount realized this year will considerably exceed the £40,000 obtained last year.

The white of egg is said to mask the taste of quinine, and to render it acceptable to the most delicate stomach. We do not vouch for it, never having tried it.

E'en a fine-spun theory may prove the Ariadne's thread to lead us through the labyrinth of ignorance and prejudice.

It is reported from Memphis that all the recommendations of the committee appointed by the National Board of Health are being carried out.

Book Notices.

A System of Medicine. Edited by J. Russell Reynolds, M. D., F. R. S., Fellow of the Royal College of Physicians of London; Fellow of the Imperial Leopold-Carolina Academy of Germany; Fellow of University College, London; Professor of the Principles and Practice of Medicine in University College, etc. With numerous additions and illustrations. By Henry Hartshorne, A. M., M. D., Fellow of the College of Physicians of Philadelphia; formerly Professor of Practice of Medicine in Medical Department of Pennsylvania College, etc. In three volumes.

In noticing this great work (a review of it we find impracticable, owing to its size and scope, and our lack of space), we find it difficult to select terms sufficiently expressive which shall not at the same time be open to the suspicion of extravagance. Certainly no work with which we are acquainted has ever been given the English reading profession, which treats of so many diseases in a manner so concise and thorough, and withal so lucid and trustworthy. It is edited by two gentlemen, either of whose names would be a sufficient guarantee of its higher order of scientific and literary worth; but even these are supplemented by such an array of names of contributors as can be met with in no other work. From among these we would select for mention the following: Bastian, Bristowe, Thos. King Chambers, Tilbury Fox, Gamgee, Sir Wm. Gull, Jonathan Hutchinson, J. Hughlings Jackson, Maudsley, Ringer, Roberts, Gairdner, Graily Hewitt, Sir Wm. Jenner, Morell McKenzie, Hyde Salter, Lauder Brunton, Sir Henry Thompson, Balmanno Squire,

Garrod and Wilson Fox. These, however, are but the names of a few who have contributed to the work, and are selected as those with which the profession on this side the Atlantic are probably most familiar.

Other works, and admirable works, on medicine of an encyclopædic nature have of late years been given to the profession of this country. Some of these probably excel that before us in some particulars, notably, perhaps, in the history of disease and in pathology. In that branch of medicine, however, in which the rank and file of the profession are mainly interested, viz., the practical part, therapeutics, Reynolds' without intending any invidious comparison, stands pre-eminent. The therapeutics of the English correspond more closely than those of any other country with those of this country, and the American editor of Reynolds' has brought this branch up to the most advanced American standard. The completed work, American edition, will comprise three large royal octavo volumes, containing in all about 3,000 pages. The first two volumes are now ready, and the third will appear in March. It is set in double column, and in small but clear and very readable type, thus making it come much cheaper than the English edition, which contains five volumes. It is a very library in itself.

The work is sold only on subscription, and is not to be had at the book stores. Messrs. Macauley Bros., 173 Woodward avenue, Detroit, are the agents for Michigan. The price is $5.00 per volume, in cloth binding, and $6.00 in leather, raised bands, on receipt of which the agents will forward the book with charges prepaid.

NOTES OF HOSPITAL PRACTICE. Part I. Philadelphia Hospitals. Selected and arranged by Samuel M. Miller, M. D., Philadelphia, who is also the publisher.

We have once before referred to this little volume, but in a somewhat cursory manner, and failed to do it the justice its excellence really merits. The statement was made that the lectures, notes of which are reported, were delivered at the Philadelphia Hospital. The typographical error in the dropping of a final "s" was calculated to lead the reader very much astray. The lectures are collated from those delivered not only at the Philadelphia Hospital, but at the Pennsylvania University, German, Episcopal, Woman's, Children's and Jefferson Medical College Hospitals, and Nervous Infirmary. This is certainly an extensive field, and the gathering from it has been very judicious, and with a view to the wants of the practitioners removed from this fruitful field. The notes are divested of all needless verbiage, theorizing, pathology, etc., and contain only the very pith of the lectures.

To illustrate the directness of the style of the "Notes" we pick at random the following note on Lumbago:

"Dr. Pepper applies manipulations to the lumbar region of the spine, so as to restore mobility. To subdue the painful condition of the muscle, injections of 1-80 grain of atropia and ⅓ of morphia, well diluted, are made well into the body of the muscle. Great care is had in the administration of morphia and atropia to nursing women, as belladonna is the most powerful anti-galactagogue known, and as too large doses of morphia not infrequently affect the child through its milk. The local applications of blisters, iodine, and castor oil, together with the internal administration of iodide of potassium, are often serviceable."

Note on treatment of Sore Nipples. "Chapped Nipples" are treated either by a twenty grain to one drachm to the ounce solution of the glycerole of the nitrate of lead, or by a mixture of two drachms of iodoform to the ounce of balsam of Peru. The balsam is used because it disguises the smell of the iodoform.

ON THE INERNAL USE OF WATER FOR THE SICK AND ON THIRST. A Clinical Lecture at the Pennsylvania Hospital, by J. Forsyth Meigs, M. D. Price 25 cents. Philadelphia: Lindsay & Blakiston.

If this little book of 54 pages succeeds, which it doubtless will, in speeding the disappearance of that frightful superstition which even yet has a strong hold on the public, and perhaps, too, on the professional mind, and which would add tenfold to the suffering of the fevered patient by withholding from him the grateful, cooling draught, it will have accomplished a noble purpose.

Dr. Meigs relates with vivid portrayal, some of the horrible instances on record of suffering attending the deprivation of water, as in cases of shipwreck, etc., but not less horrible than these are the instances, familiar to most of us, in which the tender mother in her blind superstition has withheld from the dying child, with its fever-parched lips, the cup of cold water for which it, even with its last breath, makes its piteous appeal.

In answer to the question, what then is to be the guide as to the quantity of water to be supplied to the sick? Dr. Meigs replies, "I answer, unhesitatingly, that, so long as the patient retains his natural senses or appetites, there is no guide so sure, and as safe, as the thirst. When this is lost, the trained knowledge of the physician or the common sense and experience of the nurse must determine the quantities that should be given. What is this thirst upon which I rely so implicitly? It is the appetite in the body by the Creator, for the determination of the amount of water needed. The infinite wisdom which made the eye, the ear, the mind, the soul, established also the appetites of thirst and hunger, by which to regulate the amount of food and liquid necessary for the sustenance of the animal. These senses are quite as wonderful and unerring as the instinct of the bee to make its mathematical cell, or to suck honey from the flowers; of the ant to lay up store of food for its young; and of the migratory bird to seek its nutriment in new climates. For myself, I dare not oppose this divine sense in a thirsty patient, any more than I would oppose the instinct of the infant to take from its mother's breast the material it needs for its growth."

A Manual of the Practice of Surgery. By W. Fairlie Clarke, M. A., and M. B. (Oxon.), F. R. C. S., Assistant-Surgeon to Charing Cross Hospital. From the last London edition, revised and edited with Additions by an American Surgeon. New York: Wm. Wood & Co.

This is the last volume of Wood's Library Series of Standard Medical Authors for 1879. It is a fitting close of an excellent series, and one, moreover, which for cheapness has never been approached by any other medical publication. The book contains 316 pages, and is divided into five parts, which are respectively devoted to a consideration of Surgical Diseases, Injuries, Constitutional Effects of Surgical Diseases and Injuries, Diseases and Injuries of Various Parts, Tissues and Organs, and Operations. It contains also in an appendix a list of 102 formulæ and receipts. It contains 168 illustrations, many of which are of minor surgical operations and of bandages. The work is essentially a manual. The American editor has made some valuable additions, the notable ones being a description of Sayre's plaster of Paris jacket and its application, Bigelow's method of litholapaxy, Buck's apparatus for fracture of the thigh, the performance of tracheotomy without tubes, and the operation of transfusion.

Messrs Wood & Co., have in the series just closed given the profession twelve volumes of rare reading matter at an unprecedentedly low figure. We hope they have made the undertaking pay, although it is hardly possible to conceive how it could have been a pecuniary success at the figures. Twelve well bound octavo volumes comprising over 3500 pages for $12.00 is certainly a marvel of cheapness.

The Transactions of the American Medical Association. Volume XXX.

The proceedings of the Atlanta meeting of the Association make a volume, index included, of 1022 pages. In point of literary merit it compares very favorably with its predecessors. The notable papers are the admirable address of President Parvin, with which the profession are familiar through the notices it received in the medical journals immediately after the meeting; two papers by Ephraim Cutter, M. D., of Boston, on Electrolysis of Uterine Fibroids, and Stem Pessary, respectively; the Prize Essay on A Consideration of Certain Forms of Primary and (local) Secondary Degeneration of the Lateral Columns of the Spinal Cord, with especial reference to an infantile rare form, by Allan McLane Hamilton, M. D., and last, but by no means least, the inevitable paper on Plaster of Paris Bandages in the treatment of Pott's Disease, by Lewis A. Sayre, M. D. The latter paper take up 134 pages of the Transactions and helps admirably to swell the volume to its respectable size. When will a long-suffering profession have done with Sayre and his jackets! There is a bare possibility of having too much of even a good thing.

Permanent Secretary Atkinson has done his part in his usual masterly manner.

Hygiene and Education of Infants, or How to Take Care of Babies. By the Société Francaise D'Hygiene, Paris, France. Translated by Geo. E. Walton, M. D., Professor of the Principles and Practice of Medicine in the Cincinnati College of Medicine and Surgery, etc. Price 25 cents. Cincinnati: Robert Clark & Co.

Notwithstanding the backwardness of the French in the production of infants they, judging from the brochure before us, have some sensible views on the question of rearing those which they do produce. It tells the young mother, in a pleasing and accurate way, all that is necessary to know concerning the minute details of the baby's life: how to clothe it, how to feed it, how to wean it, etc., etc., and, by its lucid explanations, will relieve her of the many anxieties which, to the inexperienced, wait on every moment of the baby's young life. It states all that is necessary, nothing that is superfluous.

The *Practical American* is the name of a new scientific journal, the second number of which has been laid on our table. It is a monthly and is edited by P. H. Vander Weyde, M. D. Although, as its name implies, it is not strictly a medical journal, the number before us contains nothing which a medical man may not read with pleasure and profit, while several of the articles are strictly of a medical nature. The journal is edited with rare ability and we heartily commend it. It is furnished at $1.50 a year. Address P. O. Box 3619, New York City.

Pamphlets Received.

Valedictory Address to the Graduating Class of the Medical Department of the University of California. By W. F. McNutt, M. D., L. R. C. P. Ed., etc. Reprint from *Western Lancet.*

A Contribution to the Hœmatinic Properties of Dialyzed Iron. By Robert Armory, M. D., of Longwood, Mass. Reprint from *Boston Medical and Surgical Journal.*

Treatment of Diphtheria. By Ira E. Oatman, M. D., of Sacramento, Cal. A paper read before the Sacramento Society for Medical Improvement.

A Protest Against Meddlesome Midwifery. By H. Gibbons, Sr., M. D. A paper read before the San Francisco County Medical Society.

On Port Wine Mark and Its Obliteration Without a Scar. Fourth Edition. By Balmanno Squire, M. B., London, Surgeon to the British Hospital for Diseases of the Skin. London: J. & A. Churchill, New Burlington street. Price 25 cents.

Pacquelin's Thermo-cautery, with Wilson's Antithermic Shield in Epithelium of the Cervix Uteri. By H. P. C. Wilson, M. D., Baltimore, Md.

Malignant Degeneration of a Fibroid Tumor of the Uterus. Large False Aneurism in the Substance of the Growth. By Drs. Albert N. Blodgett and Clifton E. Wing, Boston, Mass.

Ovariotomy. Patient 67½ Years—Weight of Tumor, Sixty Pounds—Extensive Adhesions—Recovery. By W. F. McNutt, M. D., L. R. C. P., Ed., Etc., Etc. Professor of Principles and Practice of Medicine, Medical Department University of California. Reprint from the *Western Lancet.*

Original Articles.

Uterine Sarcoma—Uterine Fibroid.

Clinical Lecture at Mercy Hospital, by E. W. Jenks, M. D., L.L. D., Prof. of Medical and Surgical Diseases of Women and Clinical Gynæcology, Chicago Medical College.

REPORTED BY J. H. STOWELL.

GENTLEMEN.—The first case which I present to you to-day is one of more than usual interest, in a diagnostic as well as a curative point of view. The case is one which has been treated for a long time as a fibroid of the uterus. The patient has all the symptoms of an intra-uterine tumor; and now let us determine, from an analysis of both the subjective and objective symptoms, whether her trouble is due to a uterine fibroid or a tumor of some other character.

The patient, as you see, is young, tolerably well nourished, and yet she says that she is not as stout or as vigorous as formerly. She is 23 years of age, and has been married fourteen months. Three months after marriage she had an attack of menorrhagia, which, at the next monthly period, was more severe. This menorrhagia has been progressive in its character; by that I mean the attacks have been longer and more profuse; between these periods she has had leucorrhœa; this has also been progressive. The leucorrhœal discharge is not thick and tenacious, like that which comes from the cervix, but is thin, watery, and at times slightly sanious. She has also complained, more particularly during her menstrual period, of expulsive, or bearing down uterine pains.

Now all these symptoms which I have related might come from different uterine diseases, but are more frequently associated with the following, namely: polypus, fibroma, sarcoma, epithelioma or carcinoma. I find by digital examination that the os and cervix are well dilated, so that I can carry my finger well into the body of the uterus, and by pressing with my other hand upon the hypogastrium I am able to thoroughly explore the uterine cavity. The uterus contains a large and somewhat elastic tumor, on the right side, and extending as far toward the fundus uteri as my finger can reach. It is a sessile growth, or in other words, non-pedunculated, with a broad base. To the touch it possesses the feeling of either a fibroid or a sarcomatous tumor, yet it is difficult to determine by this means alone, when the finger is thus cramped, whether it is the one or the other. By means of the probe we learn that the uterine cavity measures over six inches in depth, and by using the whalebone probe for the purpose of ascertaining the size and shape of the tumor we further find that it is regular in shape; but we learn no more regarding its pedunculation than I discovered by digital examination.

The question of diagnosis now is between a fibroid and a sarcomatous growth. Inasmuch as the patient insists upon something being done for her relief, and as she is now fully anæsthetized, I will attempt the removal of this tumor, or so much of it as is possible.

Owing to the shape of the tumor, it is impossible to remove it by the écraseur, as is usually done in the pedunculated growths. The steps of the operation will serve to make out a diagnosis; for instance, if it is a fibroid, the tumor will be invested with a capsule, which I can cut through, and then by administering ergot for several days, or even weeks, cause its gradual extrusion (an expedient often requisite in sessile fibroids), or I can make traction on the tumor with strong vulcella, at the same time cutting with scissors around the base, as traction partially inverts the uterus.

The stump of such a tumor, after removal in this way, presents a much smaller surface exposed to the possibilities of septicæmia than if it were cut directly across its base by means of the écraseur, galvanocautery, or any other instrument except scissors.

If this is as I fear a round-celled sarcoma, I shall find no capsule, but will find a tumor that cuts much easier than a fibroid, and which, unless I remove every vestige, will return again. The resemblance of such growths to fibroids, and their liability to recur after removal, explains why these tumors were until recently commonly designated as "recurrent fibroids."

In this operation I shall not use any of the instruments which I have mentioned, but a serrated spoon scoop, which I do partly for the purpose of showing you the mode of operating with it and for the purpose of testing the efficacy of an instrument highly recommended.

Now as I use the scoop I find that the tumor cuts easily with no evidence of a capsule, causing scarcely a doubt that it is a sarcoma, but we will wait before pronouncing it that beyond question until we get the evidences of the microscope.*

Nothing remains for me to do now but to remove all that I possibly can of this mass. The only other operation in this case is the more grave one of "hysterectomy," or ablation of the entire uterus.

The professor then proceeded, by means of the scoop, to remove the tumor, which was the size of a large orange. The uterine cavity was afterwards swabbed out with Churchill's tincture of iodine, and morphine suppositories were ordered as the case required, the vagina to be washed out twice daily with solution of permanganate of potassa.

He further said "Uterine sarcoma may occur any time during a woman's menstrual life. It is not a very frequent disease, is of rather slow growth, and has its origin in the connective tissue, and occurs more frequently near the fundus uteri. It may be mistaken for fibroid previous to breaking down and disintegrating; but if these processes have begun, it is then more commonly confounded with epithelioma or carcinoma. The disease is believed to be frequently developed in connection with fibroid growths. Schrœder claims that in some cases it has been developed in polypi after they had become pedunculated.

* Prof. Jenks announced the following day to the class, that the microscope confirmed the diagnosis of round-celled sarcoma.

Sarcoma is much slower in its developement, but equally fatal with other forms of cancerous disease with which it must be classed. There is much to be learned concerning its pathology, as our knowledge in that particular direction is somewhat limited. We cannot diagnosticate it by any special variety of pain, for there is no pain peculiar to this disease, but only the usual backache and other discomforts accompanying any uterine affections. Among the earliest symptoms, such as have already been described, are the profuse menstruation and the watery discharge (the latter sometimes tinged with blood and often offensive in odor). These symptoms, bear in mind, are not symptoms peculiar to this alone, but to other growths also.

The cancerous cachexia and blood poisoning only manifest themselves in the latter stages of the disease. Vaginal examination often only reveals the uterus large, with no indications of it. Dilatation now becomes necessary, sufficient for the introduction of the finger, but even then there may be difficulty in differentiating it from epithelioma, disintegrating polypus, or, in a small growth, the granular condition sometimes found in the uteri of women who have borne many children. The microscope is here of great service; if the growth is sarcoma it will reveal to us spindle-shaped cells, each containing one or more large oval nuclei.

As to the treatment of this disease, there seems to my mind but one kind from which there may be reason to expect a cure, and that is thorough and complete removal by surgical means."

ROUND UTERINE FIBROID.

"The next case has in brief the following history: She is 32 years of age, married, the mother of several children. During the past three years she has not been pregnant, but has during the most of this time suffered from menorrhagia or metrorrhagia, beginning first with the former, as is usually the case with all patients having the latter. The history is in many respects like the case of uterine sarcoma. She has, however, suffered from uterine hæmorrhagia a long time, and in consequence of the long continued drainage is more emaciated, and really has the appearance of being in a much worse condition, yet such is not the case.

The first is an affection of which it is questionable about ultimate recovery, while this one is easily cured. She has taken a great deal of medicine with a view to stopping or checking the flow of blood and accompanying symptoms. I have already made out the diagnosis, and merely bring her in to-day to show you the operation which will put an end to the exhausting hæmorrhage and "bearing down" pains she has so long endured.

Before proceeding further you will please bear in mind one fact, of which I have reminded you on various occasions, viz., that the profuseness or scantiness of hæmorrhages caused by uterine tumors does not indicate the size of such growth. In the examining room I found that this woman had a small round fibroid, not larger than an English walnut, with a long slender stalk. The removal of this growth will not produce pain, and on that account an anesthetic is not required. The patient will be placed on her left side, in the "semi-prone position," and by the aid of a duck-bill speculum I will expose the uterine neck, from which will be seen partially extending the small tumor."

The professor then exhibited to the class the growth *in utero*, after which he pulled it partially into the vagina by means of a vulcellum; then with curved scissors he severed the pedicle of the tumor close to the uterine attachments, after which Churchill's tincture of iodine was applied to the uterine cavity, which he remarked was an invaluable custom following all intra-uterine operations on account of its hæmostatic and antiseptic qualities.

Professor Jenks concluded by saying: "The operation cannot be considered a serious one, but the condition of the patient, if she was to remain unrelieved, might be considered as truly serious, as ultimately, by the long continued drainage and the spanæmia incident thereto, to say nothing of the discomfort and her deprivation of usefulness. Although the patient will probably recover without any special care, as there has been but little cutting and no crushing of tissue, nor is there a vestige of ground for anticipating shock, still she should be watched carefully until health is finally established.

I have thus spoken of this case for the reason that I desire to have it serve as the text of making some remarks on uterine surgery, but particularly do I wish you to be fully impressed with the fact that all operations about the uterus are important, however simple they are in performance. I trust you will never forget that every surgical proceeding touching any part of the uterine system should be attended by the same precaution as is observed in operations of a grave character, there and elsewhere; for in certain states of the general system, which are not manifested by any peculiar sign, the most trivial operations have been speedily followed by suddenly fatal results."

Angular and Lateral Curvature of the Spine.

A Clinical Lecture, Reported for the MICHIGAN MEDICAL NEWS.

BY H. O. WALKER, M. D.,

Lecturer on Anatomy and Diseases of the Genito-Urinary System, Detroit Medical College.

GENTLEMEN.—To-day we present to you cases representing, respectively, angular, and lateral curvature of the spine.

Case 1.—Agnes D., æt. 3 years; you observe as she walks around the ampitheatre that her head is thrown back and abdomen protruding to a certain extent, that there is a general fixation of the body from the hips upwards. This is nature's indication for relief—a muscular splint for the prevention of concussion to diseased joint surfaces. We will now remove all the clothing, and you can easily see the cause of all the child's trouble, that is, a hunchback quite marked, involving evidently the sixth, seventh and eighth dorsal vertebræ. The mother tells us, previous to about a year ago that this little girl was perfectly

healthy in every respect when she fell from a table and hurt her back. The family history is imperfect, but as far as we are able to learn there is no evidence of hereditary taint. This matter of general history of a patient is quite essential as to the cause of of joint troubles. We have on the one hand those who firmly believe that the origin of a diseased joint is an injury; while on the other hand those who are just as confident that the source is entirely constitutional. To my mind a middle ground is the most tenable stand-point. I am convinced from a careful examination of quite a number of cases, that the disease was due unquestionably, in certain cases, to an injury, without any history whatever of constitutional trouble, while in others (the large majority) there was evidently a predisposing cause set up by an injury. Again, in a *very few* cases the cause was strictly constitutional, a class which we cannot expect to benefit very much.

You will observe that as she walks there is labored respiration—a grunting. This is due to pressure upon the spinal nerves as they make their exit from the inter-vertebral foramina. As I lift up the child by armpits, there is a sigh of relief, and more perfect respiration established; and as I let her down the labored respiration returned, and you will also notice when she is suspended, that the concavity in the lower portion of the spinal column, and the protuberance of the abdomen have greatly disappeared. It will be remembered that one of the purposes of the curves of the spine is for prevention of concussion, and that the increase of these curves above and below is desirable on the part of the patient for relief from pain and discomfort. The disease of the spine in this case is without doubt in the bodies of the vertebræ, which is not always the case, for it may be in any of the articular surfaces.

The diagnosis is not a lways easy as in this case. Especially in the earlier part of the disease the symptoms are various, depending upon the part of the vertebral column that is affected; if it is in the cervical vertebræ there is generally a cough, labored breathing, and sometimes a choking sensation. When in the dorsal region, respiration is interfered with and pain in the stomach; *worms* has often been the diagnosis in such cases.

Pressure upon the spinous processes does not always produce pain, in fact it is rare that it does. Pressure upon the ribs would be more likely to do it; a sudden bending of the body forward is most likely to elicit a response of pain. A surface thermometer, or the application of cold or heat will aid you in making out a diagnosis, and early diagnosis is quite desirable, for where a knuckle of bone is manifest, it is then past curing the patient without some deformity; in fact, we can never reduce a vertebral prominence, although we may prevent its becoming larger.

With this brief allusion to the nature of the disease, we will now exhibit to you the method of its treatment. I have already spoken of nature's relief, that is, the muscular splint, an indication that has only been grasped within the past few years—namely, the application of the plaster of Paris jacket of Dr. Sayre. I say Dr. Sayre, for it is to him that we are indebted for its general adoption.

In adjusting a plaster of Paris jacket, it is highly essential to pay strict attention to details, for though they may seem to you of little consequence, yet any neglect of them is very disastrous to a proper fitting jacket. It the first place, a tight and elastic, seamless shirt should be procured for the patient, extending below the trochanters, such as you now see upon this patient. Beneath this and over the abdomen, I put three or four thicknesses of a towel, a "dinner pad," which we will pull out after the plaster is dry, that it may not produce discomfort after a meal. Sometimes, when the crest of the illium is prominent, a fold or two of a handkerchief may be placed over it, withdrawing it after the setting of the plaster, and in this way you may prevent excoriation, being careful not to make it too thick, for then the jacket may slip down, making matters very much worse. Over the prominences of the diseased vertebræ place some soft cotton batting. We are now ready for the suspension of the child by Sayre's suspension apparatus, which consists of a tripod with a hook at the top. The tripod is not always essential; a hook in the ceiling, when it can be done is much more convenient. The other part of the apparatus is a cross-piece held by a hook with compound pulleys and tackle; to this is attached an adjustible head and chin collar and axillary bands.

The bandages we use here are of cheese-cloth, three or four inches in width and five yards long, in which we have incorporated the plaster; this should be done evenly, and the plaster must be perfectly fresh. Everything is now ready for the application of the plaster bandages, three of which I have thrown into a saturated solution of warm alum water. This addition of the alum makes the plaster set more quickly. While one of you suspends the patient, I will apply the bandages with all the refuse water squeezed out, extending the application from the armpits to below the crests of the ilia. Before applying the last bandage we will place uprightly a half dozen of perforated zinc strips. These add to the consistency of the jacket, at the same time lessening its weight. In applying the bandages, you observe that I rub them well, not only for the sake of smoothness, but that the plaster dries more quickly. The jacket is now dry enough to let the patient down, the whole operation consuming but seven minutes.

LATERAL CURVATURE.

Case 2.—William S., æt. 19, a messenger boy, at least followed that occupation until about four months ago, when his deformity occasioned such distress that he was compelled to give up his position. His family history is good, and up to four years ago when the deformity was first noticed, was a perfect picture of health, and he can give no reason for its cause. This is evidently a left lateral curvature, with a much greater deformity than we are accustomed to see.

By lateral curvature, we mean that the bodies of the vertebræ are thrown from their normal position,

due to a want of contractility of their muscular and fibrous attachments upon either one or the other side of the body, causing an improper distribution of the superincumbent weight, producing what is properly termed a rotary lateral curvature. This curvature is often seen in school girls, and I am inclined to the think it is caused by the leaning of the body to either one side or the other.

The treatment in these cases that has produced the most benefit is the application of the plaster jacket, and self-suspension by the head and hands, being careful to have the arms well extended above the head; this should be practiced daily.

The curvature in this case has been of long standing, and of so great magnitude that we cannot expect to reduce it very much, but we can undoubtedly relieve him materially by the support of the jacket. We will now apply it as seen in case first, covering the prominence of the left scapula and that of the right iliac crest with cotton batting. These jackets should be removed as often as every eight weeks, and a new one applied, as a matter of cleanliness, yet in some instances I allow them to remain on very much longer. I call to mind one case under my care who has worn it a little over a year without any particular discomfort. You will observe that respiration is performed from above downwards without discomfort, in fact it is not so labored as before the application, especially so in the little girl. The time for curing one of these cases may require two or three years, and in some cases a years' treatment may suffice.

So much for the local treatment, but you must not forget that constitutional measures act as great adjuvants in these cases, especially so in caries of the spine. In the little girl there is considerable loss of tissue, due, unquestionably, to improper assimilation of food, and this again due to nerve irritation; tonics of various kinds, together with a generous diet are indicated. To promote the better effect of these I have found no remedy so efficacious as Trommer's Extract of Malt, with some of its combinations, especially cod liver oil and the hypophosphites.

My reason for speaking so emphatically in reference to the malt has been its use in a great number of this class of cases. It undoubtedly possesses great nutritive properties, as well as combining alterative and tonic virtues, just such an effect as we are desirous of attaining in these cases.

Diphtheria.

BY W. E. HUGHES, M. D., PORTAGE, OHIO.

As this disease seems to be unusually prevalent this winter, we meet in the journals many different modes of treatment, and, no doubt, they are in a great measure successful. The question will naturally arise, will the same plan of treatment answer in every locality? Experience seems to give a negative answer. For instance, in this county (Wood, O.,) notorious for its large number of malarial fevers, it is usual for those who are attacked by diphtheria to show a marked periodicity in the accompanying fever. In our treatment we cannot do without quinia, or some other of the cinchona alkaloids. In looking over the modes of treatment that have been advocated, many will be found in which quinia takes no part, and yet have been reported successful. One writer, I cannot call to mind just where I saw the article, advocates the local application of chloral, and nothing more; another, lime water by atomization, and so on. While not wishing to enter into argument regarding the different modes, I can safely say, that in the many malignant cases met with in this neighborhood, it would be unsafe to trust to any such simple means. I therefore submit the following as a reliable plan of treatment, having only lost one case, and in this called too late for any treatment to be of service. I do not claim that it is entirely original, for readers of the different journals will see at once that it is a combination of many modes. The strength of the following prescriptions are for a child from 6 to 8 years of age. First, if the bowels have not lately moved, give a purgative dose of calomel, say from grs. jv to grs. vj. Two hours after the following prescriptions, alternately, a teaspoonful every hour:

℞ Potassæ chlor. - - - - ʒ j.
Tinct. ferri mur. - - - - ʒ ij.
Quiniæ sulph. - - - ʒ ss to ʒ j.
Syr. simp. q. s., ad. - - - - ℥ iv.
M.

℞ Sodæ hyposulph. - - - ʒ ij.
Aquæ, - - - - - - ℥ iv.
M.

Apply, by means of a camel hair pencil to the patches on the throat, a drop or two of a 50 per cent. solution of chloral in glycerine every two or three hours.

If the child is old enough to gargle, and there is much fœtor, a solution of permanganate of potash, with or without carbolic acid, may be occasionally used with benefit. The patient must be supported with good liquid nourishment from the beginning, and if there is any sign of exhaustion, good wine or milk punch may be freely given.

Pistol Shot Wound of the Heart.

REPORTED BY W. H. ROUSE, M. D., DETROIT, MICH.

Those familiar with military annals will not be surprised at the human system resisting excessive mutilation, or on yielding to the most trifling injury. The subjoined case is remarkable on account of the length of time the man lived after receiving such injuries.

A little before 6 o'clock on the evening of January 23d, 1880, I was called to see a man aged about 50, who had been pierced by six pistol shots. Though moribund, apparently, he seemed to rally slightly, but died in about three hours. The post mortem about thirty-eight hours after death showed the following wounds from the pistol shots numbered for convenience, but without any reference to the order in which they were received.

No. 1 entered the back of the forearm near the

wrist. It passed upwards and forwards between the bones and lodged near the skin about one and a half to two inches farther from the wrist than the point of entrance.

No. 2 entered the outer portion of the left arm near the junction of the upper and middle third, and passed out almost directly opposite. A ball was found on the floor of the room in which the shooting occurred similar in appearance and size to those found in the body.

No. 3 entered the left breast, about an inch above the nipple. It passed inwards and backwards through the left ventricle about one-third the length of the heart from its apex, and lodged by the skin near the spine.

No. 4 entered the left breast about five inches below No. 3, and passed in a similar direction through the left kidney. It also lodged near the skin and spine.

No. 5 entered left hip and passed downwards and inwards to near the great trochanter of the femur.

No. 6 entered the right side of the back, just below the twelfth rib, and passed downwards and inwards to the body of the last lumbar vertebra, which it pierced. In passing into the vertebra, the course of the ball seemed diverted slightly upwards, but at the cord its further course was lost, and though diligent search was made the ball could not be found.

There was very little external hæmorrhage; considerable clotted blood was found in and about the heart and pleural cavity.

Hydatiform Pregnancy.

REPORTED BY J. C. CAMPBELL, M. D., ALBANY, VT.

January 29th I was summoned in great haste to Mrs. C., æt. 47, mother of twelve children, whom I found flooding at a fearful rate, also in very severe labor pains. Upon examination I found the uterus to be enveloped to the size of about six inches in diameter; was violently contracted; os dilated to the size of a twenty-five cent piece, and soft. My diagnosis was tumor of some kind. Patient had not menstruated for four months; breasts enlarged and painful. I gave full doses of ergot and brandy, and during a violent pain the patient expelled something which I immediately took away, and upon examination I found to be a part of a hydatiform mass. That settled the diagnosis, and the question was to get the balance of the mass and stop the excessive flooding soon enough to save the patient, whose strength was fast giving out; pulse 120. I attempted to assist by making traction, but the mass was so friable that it would tear. I assisted what I could, and after about two hours of hard and anxious work succeeded in getting the whole mass with the membranes. The flooding ceased at once, the patient rallied well and is making a good recovery.

The appearance of the hydatiform mass was that of small grapes clustered together, from the size of shot to that of large peas, filled with a yellowish, viscid matter. The membrane resembled that of an ordinary placenta, except the cord was absent. The whole mass filled a quart bowl, besides some that was lost unavoidably.

Selections.

Hay Fever.—The next affection that I call your attention to is sometimes called hay asthma, sometimes hay fever, sometimes summer cold. It is an affection sufficiently common for almost everybody to be more or less familiar with it, whether professional men or not. It occurs generally at about the same season, or at about the same day of the year, varying but about two or three days. One friend of mine expected his summer cold, his hay asthma, as he called it, on the 18th of August, and it would come pretty certainly on that day, or within a day or two of it. Our own Dr. Sands is subjected to it, and he knows definitely when it will come, and he flies away from the city, and thus gets rid of it. It is a very distressing disease, but not a dangerous one. It occurs with redness of the eyes, with soreness of the throat, with a filling up of the nose by a swelling of the mucous membrane, and soon a pretty free discharge from the nose; a pretty free discharge from the eyes, also, of tears, or thin fluid. It extends down the throat like an ordinary cold, and attacks the bronchial tubes, causing a great deal of cough and more or less weakness in its progress. Its duration is for several weeks, and finally it seems to get well of itself when its cause has ceased to operate.

Medicines have very little effect upon it. It produces a moderate fever in some persons, nothing, however, to require particular attention. This hay asthma is not an asthma at all. It has not the first quality of an asthma. It is a catarrh, a bronchitis, an inflammation of the eyes and of the mucous membrane of the nose and of the air passages. In some persons it is severe enough to make them really sick; to compel them to keep their house, if not their bed; but the great majority are able to be about their affairs, to attend to their business during its continuance. This disease is said to be caused by the pollen of the plant denominated in botany by the sounding name of ambrosia artemesia folia, vulgarly known as hog-weed, that grows in all the old fields of this part of the country. In walking through these fields the pollen of it collects upon the legs of our trousers as we brush against it. You might call this affection the ambrosial disease, and yet I doubt whether Jupiter ever had it with all his ambrosia.

Relief from this is to be obtained by getting out of the reach of the pollen of the ambrosia; otherwise the person must suffer on, as long as the poison is being conveyed in the air he breathes. This pollen finds its way into cities—not so abundantly as in the country—but abundant enough to cause the inflammation that it is supposed to produce. Dr. Morse, of Paterson, made observations a few years ago in regard to it. He had some microscopical slides moistened with glycerine and exposed to the wind, and found that the glycerine became pretty fully studded even in the city with the pollen of this particular plant. At present I think the most accredited view is, that this hay fever is produced by the pollen of more than one plant. Not all who are subjected to hay fever have it at the same time of year. In

some it occurs as early as July; in others, in August; in others, in September. In hardly any after September, perhaps in none. A friend of mine in the profession got the idea that the flower of the ailanthus produced asthma in his sister, and when the flowering of the tree was to take place he sent her into the country, where he supposed there was none of the ailanthus, and she had her attack as usual. He went to see her, and passing her bed-room window, found an ailanthus tree right by the house, where she had been as much exposed as if she had remained in the city. He tried another place, taking care to choose one where the tree did not grow, and there she did not have the summer asthma, so that there are at least two plants that may be charged with producing this disease in certain persons.

As to substantial relief, it is to be obtained, as I have said, almost solely by a change of locality, going out of the reach of the poison that produces it. Yet some relief is said to be produced by moistening the nares with a weak solution of quinine, and protecting the air passages by inhaling a spray of the same kind of solution. But, after all, the only substantial relief, I imagine, is to be obtained not in medicine, but in getting out of the way of the poison. There are a good many regions in this country where this pollen is not found, or at any rate where the summer cold does not occur. Almost the whole of the White Mountain region is of this character. Persons having the affection going into this region in a few days get entire relief from it. The greater number of those who go to Fire Island, which is about nine miles from the coast of Long Island, for relief, get it. There are some mountain regions of Pennsylvania that are free from it, as well as a good deal of the mountain country of the West, and the shores of Lake Superior. So much, then, for hay asthma, which, as I said, is not an asthma, but a catarrh, a bronchitis.—Prof. Alonzo Clark, in *Med. Gazette.*

A Method for the Radical Cure of Hemorrhoids without Operation.—Among the most numerous cases requiring surgical treatment which come before the practitioner, are those suffering from piles, and for these, especially when of long standing and accompanied by more or less prolapse of the rectum, surgery offers us many means of relief: extirpation, by the knife, ligature, or galvano-cautery; absorption, by hypodermic injections, etc. But it seems to me that the main point or treatment—absorption by support and pressure—is overlooked, and this is especially adapted to cure forty cases out of fifty, as the disease is caused by a relaxation of the parts about the anus, due to prolonged constipation, to irregular and prolonged defecation, and any other condition which admits of a heavy and filled rectum bearing down too strongly upon its supports.

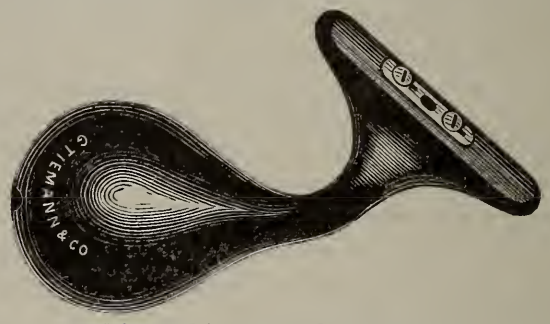
Of course, the less advanced cases can be treated by regulating the bowels with a tonic laxative—the occasional use of a T-bandage when unusual exercise is expected—insisting upon a regular time for defecation, the use of astringent injections, etc., varying for each case. But when the patient exhibits piles of sufficient extent, to be out more or less most of the time, and attended or not with prolapse or hæmorrhage, the method of procedure I am about to detail will be found especially useful.

Place your patient in the knee-chest position, and after anointing the parts with some lubricator, gently exercise traction, as in a hernia reduction, and the force of the atmospheric pressure will cause the piles to return. Follow them with your finger until each pile is in place.

This reduction cannot be effected in severe cases, unless the patient is placed in this position, and all cases of piles should be reduced in this manner.

So much for the method of reduction, for which I was indebted during my hospital work, to Dr. Joseph W. Howe.

But, in practice, I found that the moment the patient assumed an erect position, the piles came down, because of the lack of support, and in looking about



to find something which would supply the deficiency, the supporter shown in the engraving was brought to my notice.

It is of rubber, semi-solid, and very flexible, and of the correct shape for introduction and retention in the rectum.

Having been well lubricated, it is passed into the rectum on the withdrawal of the finger, and is kept in place there by a T-bandage and compress. One napkin is passed around the waist, and the two ends fastened with a safety pin and a second napkin, having a folded one fastened to its centre for a compress over the anus, is passed between the legs and secured to the other napkin in front and behind with safety pins, being drawn up as tightly as is consistent with the comfort of the patient.

The support produced by the combination of the rubber pessary and the T-bandage is both external and internal, producing rapid absorption and cure without pain, and affords great relief to the patient.

I usually place a mirror at such an angle that the patient can see the whole procedure, and I have yet to find one that cannot practice it upon himself as he is directed to do each morning on rising, each night on retiring, and after each defecation, although in most cases the latter only will be necessary. Combine with this the use of the usual laxative pill containing the following ingredients, with colocynth added if the constipation is obstinate:

℞ Ext. nux vomicæ, - - gr. vj.
Pulv. rhei,
Sodii bicarb., - - - ää gr. xxx.
M. Fiat pil. No. xxx.

Sig. One to be taken before each meal and at bedtime.

These are the essential features of the procedure, and it is in the combination of the factors just detailed, and not the use of any one, which insures the success the writer has met. And as he has not met with any description of it, or come in contact with any one who has employed it in its details, he has felt impelled to place it before profession as a slender contribution to that department of surgery. —*Charles F. Stillman, M. D., in Medical Record.*

On Injections of Chloride of Zinc in Ranula.—For some years past M. Le Dentu (*Journal de Méd. et de Chir. Pratiques*, Nov. 1879), has studied and endeavored to determine the indications for, and the method of, operation in treating ranula by injections of chloride of zinc. Three years ago he was deputed to make a report on this plan, as recommended by M. Théophile Anger for ranula and hygroma. The method appeared to him to be excellent for the latter affection, but less adapted to the former, in consequence of the violence of the inflammation it might bring on. It is with the object of avoiding this complication that M. Le Dentu has endeavored to exactly determine the conditions under which this operation should be performed. The solution employed is the deliquiscent chloride of zinc, which is transparent in its upper strata, and turbid at the bottom of the vessel. The instrument used is a syringe of gutta percha, which cannot be injured by the liquid. The injection also is very easily made. The canula should be introduced to a certain depth. Immediately a sensation of heat is produced, which soon irradiates and spreads throughout the mouth. The syringe is removed, and a small white spot is seen at the point of puncture. The quantity of liquid injected should never exceed two drops, and should sometimes be less. In a short time the burning sensation extends to the side of the face, and is replaced by neuralgic pains. It may also take on the character of inflammatory pain, and give rise to dysphagia. Sometimes even there are respiratory troubles, which proves that the œdema may extend to the opening of the larynx. The swelling takes two or three days to attain its maximum, and may then be of considerable proportions. At this crisis the patient may suffer positive anguish, but after the third day only a small amount of inflammatory induration at the level of the ranula remains. The swelling, which still persists, disappears gradually, and the original tumor disappears completely. These are the principal phenomena noted after operation. M. Le Dentu has performed it six times under the following conditions: The first patient was a woman having a tense elastic but depressible ranula. Two drops of chloride of zinc were injected into the tumor, and the result was a very acute and even alarming reaction, causing apprehension of some complication. However, none occurred, and the patient was radically cured. In the second case the patient had already been operated on, and the tumor had again made its appearance. One drop and a half injected into the ranula, which was small, did not induce any reaction, but only a little pain and swelling of the region. Cure in this case also was complete. In another case a woman, aged 22, had a very full and tense tumor. With two drops of chloride of zinc the reaction was extreme; dysphagia and even dyspnœa were produced. Nevertheless, cure was effected, as in the other cases. A ranula developed itself in a girl, æt. 10, and opened itself every week by the same orifice. A drop and a half brought on only an ordinary reaction, such as is desired in all cases, and was followed by cure in ten days. Finally, in two cases in which small ranulæ were present, half a drop only was injected. A small unimportant sphacelus was produced, which in no way hindered the cure. From his observations M. Le Dentu concludes that the injection of chloride of zinc into the ranula constitutes an almost infallible method of cure, but of which the handling exacts certain important precautions. The reaction in fact is variable, according to the cases, and probably has reference to the previous condition of the sac. The tension of this sac appears to have a great deal of influence on this result, and in the cases in which it was very pronounced reaction has been the most marked, so that it may be questioned whether it is not indicated to relax the sac, by previously removing a certain quantity of the liquid contained in it. It is equally important to define the quantity of chloride of zinc to be used for the injection. A drop or half a drop is sufficient for small ranulæ. In tumors of a medium size a drop and a half, and in fully developed ranulæ two drops are the maximum, which should never be exceeded. In children especially only very small doses should be used, because the serious phenomenon of reaction are more to be feared than in adults.—*London Med. Record.*

Fever, a Cerebral Disease.—Would that we could contemplate and treat all fever as simply an organic disease of the brain! A great simplification would be attained in pathology, and all fevers would be resolved in one general type. The term *fever* meaning only *high heat*, to *be heated*, is inexpressive and vague.

The varieties, as now classified—continued, remittent, intermittent, typhus, and typhoid—are only indifferent expressions, yet unanalyzed, of cerebral conditions. Exaggerations of normal ebbs and flows of vital force, emanating from the brain. Humoral pathologists may contend that fever is the product of a disordered state of quantity or quality of the blood, and certainly the condition of the blood is an important factor in fever. But it is only the motor of a cause, the chief center, seat and laboratory of which is in the brain, and probably the gray nerve centres of the hemispheres. Whatever point may be determined to be the central focus *aborigine*, the morbific action is quickly radiated through the entire nervous system, and hence evolve the various febrile symptoms, the aggregate of which we are at present, contented to call *fever*. All these symptoms, however, whether those primarily in the brain, or consecutively in the peripheral organs; whether communicated through the motor nerves or the sensory;

whether transmitted by the sympathetic pneumogastric system, the vaso-motor nerves, or the trophic ramifications, are but emanations from the great encephalic centre. The voice of brain suffering is uttered at the distal termini of its nerve cords. The nerve centers or generating ganglia are themselves silent and speechless. Their language is their special function, and these functions exaggerated by disease are the symptoms of fever, thus: mania and idiocy are the opposite exaggerations of the intellect. Ringing in the ears, or deafness of the auditory nerves, exalted sensibility to light, or amaurosis of the optic nerve, humors, convulsions, or paralysis of the motor nerves, palpitations of the heart, difficult breathings, coughs, without local disease, vomitings, diarrhœa, renal symptoms, and the various manifestations through the skin, all are but the telegraphed sufferings of the brain. It is that language which we now name *fever*. On this assumption we may consider fever in its incipiency a superheated condition, or hyper-calorification of the brain and nervous system. Attaching thereto its morbific origin, we get hyperæmia as the pathology of mild evanescent fever, while fever in its most aggravated forms would constitute *encephalitis*. A distinguished pathologist in nervous diseases (Huguenin, Ziemssen's *Cyclopedia*, Vol. XII., page 589) has declared that that the first case of idiopathic encephalitis is not yet recorded. That such a disease has not yet been histologically demonstrated may be very true. There is very much in cerebral pathology that has not yet been pictured on the microscopic chart. But let us not despair. The term idiopathic is itself vast and vague. It implies a disease arising within an organ without any known external cause, we may ask if an external cause, direct or indirect, is not the *fons et origo* of every inflammation in every organ? Or if there can be an idiopathic fever, or idiopathic inflammation in other organs, why may it not occur in the encephalon? The absence of the signs in the center of that organ proves nothing, because its most apparent signs are expressed at the peripheral ends of the nerves. Though the scalpel and the microscope with its frozen and colored section of brain tissue, may fail to demonstrate morbid tissue alterations, yet the philosophy which teaches that for every abnormal symptomatic eccentricity there must be a positive molecular organic tissue aberration, should also satisfy the mind that encephalitis may exist, and that future research will make it indisputably manifest.—*Dr. Arthur B. Stout, San Francisco, Cal.*

Diseases of the Stomach.—M. Leven, the chief physician to the Rothschild Hospital in Paris, in his recently published work (*Treatise on Diseases of the Stomach*), which is based on very extensive clinical researches, and on numerous physiological experiments, formulates some novel theories, which are of considerable importance, from clinical and therapeutic points of view. With regard to the physiology of the stomach, for instance. M. Leven admits, and seeks to establish by his experiments, that the function of the stomach is much more mechanical than chemical. If the aliments be liquid, they are almost immediately driven by the contractions of the stomach as far as the intestines; if they be solid, they are simply then chymified; that is to say, transformed into a semi-liquid mass, able to pass into the intestines, which is the true centre of digestion of nitrogenized elements like fecula and fats. Neither peptonization nor absorption takes place in the stomach. The function of the stomach is the same with regard to all kinds of food. With regard to the secretion of the intestine, M. Leven also postulates a totally new theory, since he believes that the intestinal juice has an acid reaction similar to that of the stomach, and not alkaline, as the physiologists assert. This difference is connected with the fact that in the experiments, which are destined to yield intestinal juice, purgatives are used, which bring on a very acute congestion of the mucous membrane, and consequently an exhalation, which is nothing else than the serum of the blood, with its alkaline reaction—a fluid analogous to that which would be obtained by a veritable traumatic irritation of that mucous membrane. From this way of looking at the physiology of the gastro-intestinal apparatus, there also arise great differences in the appreciation of the nature of the diseases of the stomach, and especially of dyspepsia, which includes them all. Dyspepsia, in fact, is no longer in any case a functional trouble, a neurosis of the stomach, but is characterized by congestion and inflammation of the mucous and underlying membranes, such inflammation being capable of producing degeneration of the mucous membrane, sclerosis of the septa of the vessels, and hypertrophy of the submucous cellular tissue. In so considering dyspepsia, gastralgia, which is mixed up with it, and is naught else than dyspepsia with painful crises, must not be dissevered from it. Ulceration is only an accident, a complication of chronic dyspepsia. Cancer itself may follow the same affection. Hereditary cancer, which comes on at once, alone presents a different origin, the result being that all diseases of the stomach, the last-named form of cancer excepted, are reduced to one morbid species, dyspepsia. It will be recognized that Dr. Leven's theory approximates greatly to that of Trousseau, who recognized the effect of a gastritis in every dyspepsia. The therapeutic conclusions are, however, absolutely different, for, according to him, the proper treatment of diseases of the stomach consists, above all things, in regimen and hygiene, medication only playing a secondary part. M. Leven also is absolutely opposed to the opinion of Trousseau, that dyspeptic patients are the best judges of the food which agrees with them, and which they can digest. He affirms, on the contrary, that it is extremely important that the medical attendant should direct the regimen of his patient, and superintend his mode of life. He therefore lays great stress on this part of therapeutics, as well as on the etiology of dyspepsia. In this portion of the book, which is evidently destined to give rise to much criticism, the practitioner will find many useful suggestions.—*London Med. Record.—Medical News end Abstract.*

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

Vol. III. DETROIT, MARCH 10, 1880. No. 5.

Editorial.

Dilatation of Stomach Mistaken for an Ovarian Cyst.

The Detroit *Lancet* contains in a recent number a report of a case which furnishes a striking example of the manner in which it is sometimes sought, by a specious representation, to palliate grave blunders. The report is by A. Reeves Jackson, M. D., of Chicago. The case was that of a woman whom Dr. J. was called to see in consultation with a Dr. B.; 22 years of age; married a little over a year; had been delivered three months previously of a still-born child at full term; nothing peculiar about the labor. On quitting her bed ten days after delivery, she noticed an enlargement in the right iliac region, which rolled about when her position was changed. Appetite keen, bowels obstinately constipated, stools scanty, frequent attacks of vomiting after eating. She lost flesh rapidly, and in two and a half months was reduced from 145 to less than 100 pounds. Dr. Jackson found her with abdomen very much enlarged, fullness being tolerably uniform, although the greatest distention was in an oblique direction from the left hypochondriac to the right iliac region. The superficial vessels were not prominent, nor was the umbilical depression effaced. Palpation showed enlargement to be soft and yielding, no hardness being perceptible in any part; uterus normal in position and size; no fluctuation, no outline of tumor or cyst. He diagnosed ascites, but Dr. B., the physician in charge, thought it was an ovarian cyst. The abdomen was tapped and two or three ounces of a dark colored fluid, of sour odor and reaction, and containing portions of partially digested food, were drawn off. Dr. J. remarked "in a jesting manner" that possibly the stomach had been tapped. Dr. B., however, considered that accident out of the question, as he had inserted his trocar "three inches below the navel." His explanation of fluid of that nature being found in that locality was, that the patient had an ulcer of the stomach, and that the contents of that viscus had escaped through that opening into the peritoneal cavity!

The following day Drs. B., Steele, Moore and Jackson proceeded to perform ovariotomy. The room was heated to 78°, and saturated with carbolic acid spray in the most approved manner. The patient having been etherized, Dr. B. made an incision "in the median line about four inches long, midway between the umbilicus and pubis." What was supposed to be the peritoneum having been duly reached, it was incised, and six or eight quarts of fluid mixed with seeds, pieces of meat, potatoe, rice, etc., and giving off a rancid and sour odor, were drawn off. It now dawned on the minds of the learned quartette that the stomach had been entered. The opening was *therefore enlarged to about four inches* and the operator's hand passed in, but he could discover no obstruction or thickening about the pylorus. The uterus and ovaries were normal. The unfortunate woman expired at midnight.

The specious representation, which we refer to the report as containing, consists in Dr. Jackson's remarks on the case. He says: "I have been induced to relate the particulars of the foregoing case for several reasons: (1) because of its unusual character; (2) its history demonstrates the great difficulty which may be encountered in the diagnosis of abdominal swellings; and, (3) it shows how very little reliance is to be placed, sometimes, upon the statements of patients concerning the early history and progress of their ailments." He says that neither Spencer Wells, Peaslee, Barnes, Thomas, Hewitt, nor Scanzoni make mention of the possibility of mistaking a distended stomach for an ovarian cyst.

The Canada *Medical and Surgical Journal* closes a scathing criticism of Dr. Jackson's article in the following manner, which we think will be conceded to be a fair-minded comment on this fortunately unique case:

"The conditions present did *not* simulate ovarian cyst, and should never have been mistaken for it. Vomiting a marked feature, rapid emaciation, the enlarged, but soft, abdomen, in which no tumor could be felt, and, above all, the description as given of the outline and location of the enlargement, would suggest to any who had ever seen such a thing—a greatly enlarged stomach. Is it not strange that no one suggested the stomach pump to aid in the diagnosis of such an apparently doubtful case? We think the history of ovariotomy affords no such example. To tap the abdomen, draw off grains of rice and bits of potato, and then do gastrotomy to see where they came from! It is remarked that neither Spencer Wells, Peaslee, Barnes, Thomas, Hewitt nor Scanzoni make mention of dilated stomach as being possibly mistaken for ovarian tumor. For the simple reason that none of them had ever experienced the slightest difficulty in distinguishing cases presenting such entirely different clinical features. Such cases as the above are not creditable to the science of medicine, and we hope it will be long before its annals find for it a fellow."

The Coming Annus Medicus.

The season of medical commencements is drawing on apace and sophomoric pæans, extolling the beauty, and the dignity, and the philanthropy of our noble profession, will soon split the ears of groundlings. We would by no means discountenance these periodical outbursts of callow eloquence, and much

less would we tarnish the roseate tinting in which pretty word painters are wont with each return of the vernal equinox to cover over the unsightly bare spots caused by the friction of actual professional life. To this end we would out upon the Jeremiads which will also soon be heard, whose burden will be the deplorable state of affairs which makes it possible for the medical schools of the country to turn loose upon a long-suffering people the annual grist of several thousand fledgling M. D.'s, who will also but add to the jostling in an already overcrowded profession, and break up into additional fractions the definite and fixed amount of business due to a definite and fixed amount of disease.

There are pessimists as well as optimists in the ranks, but the wise man, he with the perfectly horizontal head, will neither soar nor sink; he will do his duty, and aim, as far as in him lies, to correct the abuses which even the most optimistic cannot close his eyes to. The question which demands his attention now is that of raising the standard of requirement. It is idle to talk of regulating by any arbitrary measures, legislative or otherwise, the number of those who shall enter the profession. One thing, however is feasible, and that is for those who are already in, to stand at the threshold and prescribe the terms of entrance for those who are rushing pell mell for a seat within the portals. The conditions need not be very rigid and still result in debarring a thousand or so of those who annually gain admittance. The profession has spoken quite loudly on this matter already, and already several of the colleges have given heed to the voice. Those who have raised their standard of preliminary requirement and also their fees, have not only not suffered pecuniary loss, but have actually improved financially, the increase in fees more than counter-balancing the falling off in students. Colleges, or at least those who run them, are quite human, and could they be assured of securing more dollars with less students, would probably be able to reconcile themselves to any change in their methods which might effect this.

Last year a number of colleges professed themselves disposed to raise both standard and fees, and regretted that their annual announcement, prepared just before they experienced the change of heart, prevented them from making the change last year. Let them be reminded now, before the copy for the announcement has gone to the printer, of their promises. This is a good time for the change, and we hope to see in the announcements as they will shortly appear, a ratification of the professions of a year ago.

The requirements necessary to that improvement which it is in the line of the interests of both those already in the profession and the public to work for, were quite concisely formulated by Dr. H. D. Didama, President of the N. Y. State Medical Society, in his address on the 3d ult.:

1. All persons wishing to enter a medical school must have, as the minimum, such qualifications as are required for admission into any literary college in the nation.

2. A complete graded system.

3. The course of instruction extended to at least three years of nine months each.

4. Constant attendance upon lectures; oral examinations weekly, and written ones monthly, required of every student.

5. Anatomical, chemical, histological and pathological work compulsory.

6. Satisfactory examinations preceding advancement in grade.

7. Final examination conducted by an independent Board appointed by the Regents of the University.

The last suggestion is a very important one, but to make it entirely unobjectionable the examiners should be elected by the ballots of duly registered physicians, as under the Canada Medical Act.

The Teaching of Therapeutics.

The *College and Clinical Record*, in its initial number calls attention to the plan of teaching materia medica now in vogue at Jefferson Medical College, and compares it with the method followed up to forty years ago. Whereas it was then considered essential that the student be grounded in a knowledge of the physical properties of the drugs he was expected to prescribe when he entered upon the practice of his profession, it is now thought sufficient for him to have a knowledge of merely the therapeutic properties. We believe that Jefferson is not peculiar in this respect, but that it has become largely the practice in the schools of this country to give but a superficial attention to the physical properties of drugs in the lectures on materia medica. There have been great improvements in the methods of teaching other branches of medicine, but the change which consists in giving therapeutics attention to the neglect of materia medica proper, has not been in the line of progress, notwithstanding the fact that it is more popular with the student. Pharmacy has made great advances during the past couple of decades, and has placed the medical profession under many obligations, but this is no valid reason why all knowledge of the essential nature and physical properties of the articles the physician prescribes, should be relegated to the pharmacist. The doing so places the former too much at the mercy of the latter, making the prescribing of any particular drug too largely a matter of blind faith in the honesty and competency of another. The physician should be a good judge of drugs himself; by being such he would exercise a wholesome restraint on the druggist, who, we very much fear, too frequently takes advantage of his ignorance and palms off preparations the spuriousness of which the physician of a quarter of a century ago would have readily detected. Adulteration is well-nigh universal in costly goods, and it has, we believe, attained its great prevalence through the lack of ability to detect it, which comes from the defect in education to which we refer. There is room for reform in this direction and we hope soon to see such reform initiated.

Quebracho.

Quebracho is the name of a new addition to the list of medicines said to be of service in such diseases of the respiratory organs, as are accompanied by dyspnœa and cyanosis. The reports which have reached us of the result of trials to which it has been submitted would seem to fix it as an article worthy of further trial. If it accomplishes what is claimed for it, it will prove such a remedy as the profession have been long waiting for. Penzoldt, whose experiments were the first to be reported, claims that under its use the cyanosed features and lips in embarrassed respiration speedily regain their natural color, and that the dyspnœa is materially alleviated. Dr. Birkart, of London (*Medical and Surgical Reporter*), claims that the drug continues to prove itself a very efficient palliative of all forms of dyspnœa. His experience of its efficacy refers only to cases in which the dyspnœa was associated with emphysema of the lungs, atheroma of the arteries, and degeneration of the cardiac muscles. In all these cases a teaspoonful of the liquid extract afforded *immediate relief*. In three minutes after the administration of the drug the pulse became somewhat fuller, but not increased in frequency; the patients felt their breathing easier; the face was flushed, and a gentle perspiration appeared on the forehead. There was a slight drowsiness and inclination to sleep. These symptoms, however, soon subsided, while the breathing continued to be much improved.

Our readers will readily recall from their experience in cases of pneumonia, for instance, in which it would seem that the blood could be aerated for but a short time longer the inflammation would go on to resolution and the patient would recover. Have we in quebracho an article which will aid us in such junctures ?

In view of the dangers usually supposed to attend the entrance within the peritoneum of any foreign substance, the profession will be particularly interested in experiments recently made with defibrinated blood by injecting it into the peritoneal cavity. The escape of blood through a wound into that cavity is usually regarded as a grave complication, and it is difficult to conceive how the injection of the blood of another through an opening deliberately made should be attended with less danger. Experiments, however, reported to the Silesian Society *für Vaterlandische Cultur* would seem to show that the danger is materially less. A Dr. Ponfic, the reporter, disheartened at the unsatisfactory outcome of the transfusion of blood by the ordinary methods, made experiments on dogs, with a view to discover a more reliable method. He injected both normal and defibrinated blood into the peritoneal cavity of the animals, and found that while the normal blood produced some irritation the defibrinated article was attended by hardly perceptible disturbance. The blood was found on opening the abdomen after a reasonable time, to have been entirely absorbed.

The experiment may turn out to have been valuable in its bearing on man, but it will require an operator of considerable temerity to put it into practice.

The four manufacturers of the cinchona alkaloids in this country have memorialized Congress on the subject of the existing law bearing on the manufacture of quinine and the importation of the crude bark. They call attention to the inconsistencies in the present law, which we have had occasion to point out in a former number of the News, inconsistencies which work a manifest injury to home manufacturers. Probably even those most enthusiastic in their appreciation of the repeal of the duty on quinine are already convinced that the end sought by the repeal, viz., cheap quinine, lies yet in the very uncertain future, while the old-time confidence in the honesty of the preparation has been materially weakened. Foreign manufacturers taking advantage of the disadvantage under which home producers are placed by the law as it now stands, are reaping the profits which the latter were supposed to have reaped prior to a repeal of the duty.

Miscellany.

New York Letter.—New York is the great American city. This is a proposition which all of the readers of the News will probably concede without a moment's questioning. It requires, however, to remain within its borders for a season before the full force of the proposition can be realized. New York is a very world in itself, and is inapproachable in any of the essentials of greatness by any other city of this country. In the matter of things medical it certainly stands without a peer. The clinical advantages it affords are probably unexcelled by those of any other city, cis-Atlantic or trans-Atlantic. London and Paris may have more material, but what is in excess of that furnished by the New York hospitals and dispensaries must be superfluous, for even here there is more material than can possibly be utilized; while there is all conceivable variety in the cases presented. New York is emphatically the place for him who knows how to utilize what is presented in the way of clinique, to spend a winter.

It is not strange that with all its advantages New York should be the medical center of the continent, and that a centripetal force should draw students of medicine to it. I apprehend, however, that the large majority of undergraduates who repair hither leave with feelings akin to disappointment. The medical schools of this city are not what they ought to be. They are not up to that standard which the profession expect should obtain in schools so favorably circumstanced. It is a notorious fact that their object has been to draw the multitude of those who are prepared to buy lecture tickets, and that the interests of the profession have been subordinate to those of the professors. The New York schools are principally private institutions, in which the money received from a student for lecture and graduation fees represents just

so many dollars to be divided among the professors in amounts proportioned to the amount of stock they hold in the concern. Schools whose professors do not so directly depend on fees for a remuneration for their services are still anxious, as in the case of our own University of Michigan, to make a good showing in the way of receipts to those in authority. The employé has good reason to believe that if the profits accruing to his employer show a falling off, the question of reduction of salary will be considered with a view to making up the deficiency. If, on the other hand, the profits show an increase, he may with some reason ask for an addition to his salary. The immediate tendency of an elevation of the requirements for admission and graduation is to a falling off in the number of incompetents, whose money, however, counts as many cents on the dollar as that of the best prepared. The profession, I am convinced, both from observation and conversation with honest members of faculties in this city, must look elsewhere than to our large schools for the advancement of the standard. The large schools have on their professorial staffs men who depend very little on practice for an income, and more on the direct returns in the way of students' fees. The advance which one of the leading schools here advertises, is generally estimated at what it is worth. Those, however, who are familiar with the way in which the institution is run, do not look for a material falling off in the number of students on account of the advertised rise in the standard for matriculation examination. Any young man who can raise the amount of the increased fees need not feel discouraged because his early education has been neglected.

In the smaller schools the hope of direct pecuniary returns has not grounds enough to warrant a relinquishment of practice with a view to increasing the returns from fees. In the smaller schools the returns are indirect, in the way of securing position in the community, higher professional standing, etc., and the higher they make their standard the greater will these indirect returns be. The personal influence of the faculty is the principal drawing power, and it brings in a definite number of students, and the number is not apt to be materially affected by a high standard of requirement for either matriculation or graduation. I am pleased to notice that the two Detroit schools have made a move in this matter, and that they have determined to take a step forward. May my alma mater, since she would not lead, promptly follow! But this is a digression.

I was about to remark on the fact that New York is not a desirable place for the undergraduate. As a place for a student to pass at least the first two years a smaller city is vastly superior. Here the great stress is placed on the clinics. The student, however, who is not up in the theory of medicine can make but indifferent use of the practice as it is placed before him in the clinics. Not only that, but he is actually confused and incapacitated thereby for preparing himself, by the close reading necessary, for an intelligent attendance on the didactic lectures. It is by no means infrequent that one hears from first, and even second year students, the regret that they had not passed the first year or two of their course at some school which would have fitted them for the proper appreciation of the immense clinical advantages here afforded. New York is above all places the place for an advanced student or a graduate, but above all places it is also the worst for him who is just entering upon the study of medicine. I should advise the latter to put in his time at some school in a city between one hundred thousand and two hundred thousand inhabitants. A city of less than one hundred thousand cannot furnish sufficient facilities, while the city of more than two hundred thousand furnishes too much to distract his attention.

Something of a stir has been created by the recent doings of the irrepressible Bergh. He has had introduced a bill into the state legislature the provisions of which make vivisection a misdemeanor. Our Daltons and Flints are naturally interested in the defeat of all such propositions, and they are backed up, it is needless to say, by the best sentiment of the profession. The memorial accompanying the bill contains some statements which will doubtless interest your readers. The act of 1867 especially declares that the provisions against inflicting unnecessary suffering on inferior animals shall not be construed so as to prevent or interfere with properly conducted scientific experiments. Bergh, in his memorial, says, "that divers learned and scientific (but misguided) medical men have perverted the meaning and intention" of this act; that "under the pretense of demonstrating to medical students certain physical phenomena connected with the functions of life," these misguided men "are constantly and habitually in the practice of cutting up alive, torturing and tormenting divers of the unoffending brute creation, to illustrate their theories and lectures, but without any practical or beneficial result either to themselves or to the students; which practice is demoralizing to both, and engenders in the future medical practitioners a want of humanity and sympathy for physical pain and suffering, which will deteriorate their influence in their future professional life." He further gives the following piece of news: "This matter of vivisecting animals for so-called scientific purposes has been the subject of discussion and *universal condemnation* by the more eminent members of the medical profession in Europe." Bergh evidently does not consider it necessary to confine himself strictly to the truth in the selection of his arguments. Petitions will be presented to the legislature against the passage of Bergh's bill, and these, taken in connection with the fact that the leading newspapers take ground against it, will doubtless ensure its defeat. Still, legislatures, as a rule, are "mighty onsartin," and there being no reason to believe that that of New York is an exception to this rule, there is a bare possibility that the indefatigable Bergh may carry his point.

Leaving Bergh, the case of the "Shepherd's Fold" naturally presents itself. The Squeers of this Dotheboys Hall was one Rev. Edward Cowley. Similar to his prototype, the man who accustomed his horse

to eat but a straw a day, he found himself in an uncomfortable position by the demise of the equine just as the experiment was crowned with success, Bro. Cowley, just as he succeeded in demonstrating that, in the case of children, food is a superfluity, found the children in a deplorable condition and himself in limbo. The manner in which the officers of the law have hampered Bro. Cowley offers very indifferent encouragement to future experimenters in the same direction. The immediate case which resulted in the parson's arrest was that of little Louis Victor, 5 years of age. Louis being pronounced sick, was removed to St. Luke's Hospital. No evidences of constitutional disease were discovered, and the opinion of the house physician being that want of proper food, both as to quantity and quality, was what was the matter, an investigation was ordered. The child cried incessantly for food, especially for meat, and his mind was evidently affected, so much so that he could be brought to think of nothing but eating. Dr. Abram Jacobi testified that the symptoms were those of starvation, and Drs. Frank H. Hamilton and J. Lewis Smith that certain ulcers on the body were starvation ulcers. Dr. Spitzka believed that the mental aberration was of a permanent nature induced by starvation.

The investigation being extended to the Fold, it was found that the Shepherd had twenty-four in his flock, of ages ranging from two to sixteen. Four of these being supplied with food from extraneous sources, the Shepherd's advanced ideas of feeding were confined to the remaining twenty. The following is the dietary: For breakfast, one cup condensed milk, diluted eighteen or twenty times, with rye bread. For dinner, the soup from two quarts of beans was distributed among the twenty. Pea-soup or hominy was sometimes substituted for the bean-soup. For supper, bread and water. Only twice a year, on Thanksgiving and on Christmas, did the saintly Cowley give a meal of meat. Butter was never supplied, and neither was condiment or other delicacy. The daily amount of food which it took to run the Fold was seven loaves of black bread, nine and three-quarter pounds, one pint of condensed milk and two quarts of beans, three and one-half pounds, or an equivalent in peas or hominy. This food freed of water furnishes one and three-fifth pounds of nitrogenous, and seven and one-third of non-nitrogenous material. When it is remembered that, according to Parkes, the weight of dry food necessary to health should be to the weight of the person as 1:105, it will be seen that Dominie Cowley's flock fared rather poorly. The average age of the children was eight years; children at eight years should average, in health, say sixty pounds. Each child should therefore receive nine ounces, and twenty children eleven and one-quarter pounds. The children of the Fold, therefore, came short over two pounds each day of the limit consistent with the physiological requirements. When this deficiency in quantity of food, continued month after month, is considered in connection with the deficiency in the quality of the nutriment, it is not surprising that the child, Victor, was found in the condition in which the hospital authorities first saw him. At five years of age a child should weigh forty pounds and should stand thirty-eight inches high. Louis Victor weighed seventeen pounds and measured thirty-three inches. It is gratifying to note the fact that the inhuman Cowley has found, even though it be but a portion of his deserts, in a cell on Blackwell's Island, an institution which he once served as chaplain. Extraordinary efforts were made to save him from the year's sentence which has been passed on him, but for once justice was deaf to the appeals of the men of "influence."

Opening of the Michigan College of Medicine.—This new institution, although it has for several months in the dispensary attached to it, been giving a practical course of instruction to a number of students, was only formally opened for the didactic course on the evening of the 2d inst. The proceedings were held in the lecture room of the college and before about 300 invited friends and members of the profession. The programme consisted of addresses by the President of the Board of Trustees, Hon. Sidney D. Miller, by the President of the Faculty, Dr. Henry F. Lyster, by Wm. C. Maybury, Esq., Professor of Medical Jurisprudence in the college, and by Judge J. Logan Chipman, Mayor Wm. G. Thompson, Dr. Peter Klein, Levi K. Barbour, Gen. Trowbridge, Capt. Nicholson, and Dr. Wm. Brodie.

The following extract from Mr. Miller's address concisely sets forth the inception and aim of the institution:

"Under a general statute of the State associates under articles became a body corporate for the purpose of founding, establishing and conducting a college and institution of learning under the title of "The Michigan College of Medicine," with a capi-stock of $30,000, under the general control of a Board of Trustees, eighteen in number.

The corporation having acquired the valuable and commodious edifice at the junction of Gratiot ave., Antoine and Catherine streets, 50x115 feet, and having recently added to the building a convenient and suitably constructed chemical laboratory and anatomical room 23x36 feet on the ground and two stories high, the trustees have adopted the ordinances and by-laws necessary and proper to carry into effect the purposes and powers of the incorporation, and having appointed a president, professors and other officers, upon whom the general internal management and discretionary direction of the institution will devolve, the college will now be formally opened for such courses and methods of instruction as the faculty may determine and establish.

Concurring with them in their desire to elevate the standard of the profession as well as in their belief in the feasibility of establishing in Detroit a medical college whose curriculum will be sufficiently thorough to meet the approbation of all frends of higher medical education, and which will require of students applying for admission not merely evi-

dence of good character, but sufficient preliminary acquirements to enable them to comprehend their studies and appreciated the importance of the profession which they propose to enter, the trustees will within their sphere co-operate with the faculty in the accomplishment of these ends, reminding them, however, that upon them alone will rest the real responsibility of granting honors which shall hereafter bear the corporate seal of this college of medicine, and warning them also how at the inauguration of their work that under our charter every such diploma will "entitle the possessor to all the immunities which by usage or statute are allowed to possessors of similar diplomas granted by any similar institutions in the United States."

Having full assurances that the members of the faculty will, one and all, honor their great trust and will seek faithfully to discharge their high and holy obligations, the trustees commend the college to public confidence."

Professor Lyster's address was directed principally to the public, and was a masterly setting forth of the claims of scientific medicine. The remarks touching on local medical matters and on the two other State medical schools were very happily chosen. He concluded his address with the following:

"The hospitals of this city have never borne that relation to the profession, nor have they risen to that clinical value which they might have done. The first object of a hospital is the care of the sick; the second is the instruction of the profession, particularly students in medicine, in order that they may be able to alleviate the diseases and injuries of the afflicted. It is to be hoped that in time the provincial conservatism which has limited their growth and alienated any general professional interest will give place to a more liberal management which can only assure their posperity, and add to the area of their usefulness.

The Board of Trustees of this college have determined to open on May 1, in their own building, a hospital into which will be received patients of clinical interest. It is hoped that by this means, and with the constantly enlarging dispensary now in operation, a very intimate union of didactic and clinical teaching can be instituted, not only in general, but in the several special departments of medicine. The anatomical and chemical laboratories, which have been recently constructed, will afford abundant opportunities for thorough study of these important foundations of medical knowledge.

It may not be out of place upon this occasion to refer to the two other medical colleges in this State; and to say that we are in no wise intentionally antagonistic to them, and wish for them a full measure of success. The medical department of the University has a history of thirty years to look back upon; and well may she be proud of the impress she has given to rational medicine in the northwest. It has been her portion to bear the heat and burden of the strife in this country in the contest between medical science and the great medical psychological enigma of the age; and to-day her banners hang upon the outer walls, though the enemy are at the gate.

Our nearest neighbor, the Detroit Medical College, having come into existence since the war, and consequently having no martial experience, has sought the pleasant paths of peace, and has carefully avoided the tented field of controversy. We count among our faculty several of her alumni. We hope that as we become more firmly established it will be found that a healthy competition, and honorable rivalry will only result in good to both institutions, and in the general advancement of the profession."

The new school starts out under favorable auspices and with much promise. The first lecture of the didactic course was delivered by Dr. J. J. Mulheron, Professor of Materia Medica and Therapeutics, and to a class of twenty-one matriculants. When it is considered that this course is but preliminary to the regular session which opens in September, it will be conceded that the promise of support is encouraging.

Detroit Medical College Commencement.—The twelfth annual commencement exercises of the Detroit Medical College were held at the Detroit Opera House on Tuesday evening, the 3d inst. They were of a very pleasing nature, interspersed by the music from Speil's orchestra, and witnessed by a crowded house, composed of the best class of citizens, lay and professional.

After prayer by the Rev. E. B. Mason, and an overture by the orchestra, Prof. T. A. McGraw, president of the Faculty, administered the Hippocratic oath, conferred the degree of the College on twenty-seven graduates, presenting each with the proper credentials.

The Hon. S. M. Cutcheon delivered a pointed and graceful address to the graduates, speaking from the standpoint of the public, and telling the young men what the public should require of them as practitioners. To receive a diploma from any respectable institution of learning was an achievement and an honor, and the hour of that achievement was one of great susceptibility. At such a time the graduate was inclined to mark out a plan of action more or less definitely. The speaker did not propose to discuss matters scientific or ethical, but thought it a fitting opportunity to offer a few practical suggestions. He reminded the class that everything physical, mental, moral and spiritual was governed by immutable laws. Obedience to certain laws meant health; disobedience meant sickness. It would be a great thing to rescue a man from an overwhelming torrent, but just as deserving an act—although doubtless not so heartily applauded—would be to keep him from falling into the water. The physician should not limit his work to saving the sick; he should also teach men how to remain well. The speaker's suggestions would be grouped under three heads: 1. Pertaining to public health; 2. pertaining to public justice; 3. pertaining to public morals.

In matters concerning public justice the lines of the legal and medical professions often meet and

sometimes cross. The speaker favored a joint organization for the discussion of questions of mutual interest. The differences of opinion expressed by physicians and surgeons in courts of justice were often quoted as a reproach upon the profession, and sometimes unjustly so. A man who has accumulated a great fortune sickens and dies, and then commences the contest over his will. "Once in a while," said the speaker with a touch of sarcasm, "a lawyer can be found willing to take that sort of a case." Distinguished medical experts were consulted, and naturally their views were colored by the more or less distorted representations made to them by the parties interested. As a result they testified concerning the same state of facts with totally contrary conclusions. It would be a capital idea if these professional questions could be put quite outside of the jury box and jury room, and submitted to a tribunal of experts more likely to reach satisfactory conclusions.

Referring to questions of public morals, the speaker said he was glad to hear the oath administered and taken with so much solemnity. In these days it seemed as if people deliberately set about the destruction of human life. The fearful frequency of crimes following offenses against chastity was calculated to excite alarm; upon the physicians largely depended whether this current of crime and vice should be checked. The frequency of offenses against virtue was the chief cause of suicide—a study largely psychological in its nature, but one in which the physician was keenly interested. In a great degree the prevalence of suicide was attributable to a drifting away from any sense of moral obligation. Physicians as citizens should co-operate in fostering and enforcing the belief that there is such a thing as moral obligation.

Dr. Duffield followed Mr. Cutcheon. His experience had convinced him that there were bad men in the profession, and that by calling in such in consultation the recent graduate would probably find his patients leaving him, preferring to place themselves under the treatment of these bad men. Even the diamond may be contaminated, and the young graduates were admonished to keep away from and have nothing to do with bad men; they would prove thorns in the side of good young men. Judas was a bad man because he betrayed his master for shining silver, and his earth-soiled mantle had fallen on members of the medical profession. A man dishonorable in one thing would prove dishonorable in another. The man who does not pay his debts is an unsafe man to call in council, or to have anything to do with.

Immediately after the exercises the graduates and members of the junior class were hospitably entertained by the faculty at Abstract Hall. The spacious parlors were thronged, and an hour was spent in pleasant social intercourse, not unmixed with regret at the thought of severing close ties of personal friendship and association. Subsequently a fine collation was spread, which was done ample justice to by the large gathering of students and invited guests.

The Detroit Medical College is in a very flourishing condition. It starts off from this date with a very creditable standard of preliminary requirement, and we predict that this advance will mark another era in the development of the school.

An Artificial Anus.—It is a trite saying that the newspaper is the great educator of the masses. The erudition and versatility of the fourth estate are, moreover, in keeping with the Bohemian assumption of universal intelligencer. There is nothing in the realm of the arts, letters or sciences, or in law, medicine or divinity, on which the average penny-a-liner is not prepared to express an astute, authoritative and voluble opinion. We are constrained to believe, however, that medicine is his forte. Certainly when he lays himself out to write up the history, diagnosis and treatment of some obscure disease, or to describe the intricacies of some delicate and unusual operation, one would almost think that he had graduated with distinction from some A 1 medical school—three terms, nine months each, and open to nothing less than a B. A.

A rare and delicate operation was recently performed at St. Mary's Hospital, of this city, the details of which we had hoped would in time (that is, when the result of the operation should be no longer doubtful) be reported to our readers in the usual manner (that is, written by some mere M. D.). The *Evening News*, of this city, however, a paper evincing at times very remarkable genius in medical matters, has not only forestalled us but has given to the public, lay and professional, a report of the case which would make the efforts of a mere M. D. very insipid reading. It starts out with a preface in the way of a very beautifully colored account of a certain Alexis St. Martin, a young Canadian, whom some of our readers may possibly have heard of, who was wounded by an accidental discharge of a musket away back in the time when this century was quite young. It seems that this wound made an opening into Mr. St. Martin's stomach, and that a certain Dr. Beaumont made some interesting observations on stomach digestion as witnessed through the opening, which never completely closed up. The *News'* description of the case is graphic.

But here comes the report of the more modern Frenchman's case, as given by our scholarly secular contemporary:

"A case of almost equal interest has now been discovered in Detroit, resulting from a surgical operation performed by Dr. H. O. Walker, assisted Dr. Hal. C. Wyman, one week ago last Saturday, at St. Mary's Hospital. A young Canadian named Jos. Cevinie was brought across from Canada to be treated for hernia (protrusion) of the large intestine known as cæcum—the intestine having forced its way through the wall of the abdomen on the right side and strangulated. The injury resulted from too great a strain in lifting. The operation was performed before a class from the Detroit Medical College, and on cutting down to the intestine it was found to be so badly mortified that instead of replacing it, as the doctor would have done if it had been

sound, he cut off the diseased part—about eight inches long—and made an artificial anus in the right side. The severed end of the small intestine was brought forward and attached to the wound, which is now healing up in a very satisfactory manner. The patient still lives and will undoubtedly recover, but since the operation he has become so greatly emaciated that the doctor begins to think another incision will have to be made so as to pass by artificial means whatever issues from the small intestine through the orifice in the side into the large intestine; for it is now evident that the large intestine cannot be ignored with impunity. As will readily be seen, the case affords a very rare opportunity to study the process of intestinal digestion, for the exact condition of what enters the large intestine can be thoroughly examined; or, rather, the condition of what would enter it if the large intestine was not entirely severed and its contents passed out through the abdominal walls.

The operation above described has been performed a number of times in this country, but all the cases of which the *News* reporter could find any record resulted in death."

It will be seen that the operation has been very correctly described, and that the surgical and physiological knowledge of the reporter and his familiarity with the literature of these cases, are of no mean order. The prescience and omniscience of the reporter are, also, remarkable, for of course he was not present at the operation—the Code of Ethics forbids that—and the minuteness of the details and the knowledge of what will yet be necessary to make the operation a complete success must have come to him in some supernatural manner. There are evidently some wonderful things connected with this operation aside from the mere cutting done.

Public School Abuses.—Although there has been much said and done in regard to the sanitary condition of our schools, there is one point that has not been touched upon so far as I have seen or heard. I refer to the rules adopted and enforced in the matter of letting the children go out during school hours. I believe there is more injury done to the health of children by their not being allowed to respond to the calls of nature than by all the ill-seated, ill-ventilated, ill-lighted or heated school buildings in the land.

This belief is not based on mere assumption. I have conversed on the subject with many mothers (and who knows better than the mothers?), and the reply to my question, do your children complain of their teachers not letting them go out? is invariably in the affirmative. I have myself a boy whom I fear has been injured for life just from being kept until the bladder became so distended that it has never returned to its normal condition. Many times he has come home pale and sick, and for days has been unable to micturate without great distress. I am now obliged to insist on the teacher that he be allowed access to the water closet at will. Every time the teacher is changed the same thing has to be repeated.

This winter one of the basements of a school building in this city was being repaired, and there was not a day that children did not sit in urine-saturated garments because they were not allowed to use the water closets. If a child insists upon going out, it is kept after school hours; therefore many control the desire and suffer rather than submit to the punishment.

If our children must get their education at the expense of their health, I say let the schools go to the dogs. I know how annoying it is to the teacher to be interrupted constantly with "School marm, please may I go out?" but she must remember it is better that many should go unnecessarily than that one should suffer injury.

Outside of schools, if any one would like to immortalize himself let him build a building in some central location in the city with plenty of water closets, where women who are obliged to be down town for several hours at a time may have a place to answer the calls of nature. Such an one would receive the everlasting gratitude of many women and children.

F. A. Tenny, M. D.

Detroit, Mich.

Sudden Death in Labor.—I was called about 2 P. M. to see Mrs. C., æt. 32, a stout, healthy woman, inured to much out-door labor, in her fifth confinement. I found her with pulse 120, face flushed, pains active and child's head presenting at lower strait in first position; fearful of convulsions I at once gave a sedative and took my place at the bed. In about twenty minutes she was delivered of a large, healthy male child. Handing it to the nurse, I placed my hand upon the patient's abdomen and informed her that she would have to be delivered of another child before she would be through; her pulse was about 115, and I was still watching her closely. The interval between the delivery and the recurrence of pains was about ten minutes; the first was long and severe, expelling the child through the upper strait. She then asked me if it would soon be over. I gave her encouragement that but a few pains would be necessary. At this juncture she turned her head, her eyes rolled up, she gave a few tremulous motions of body and limbs. Supposing I had now to deal with what I had been momentarily expecting and trying to divert—puerperal convulsions—I at once, with as much despatch as possible, opened a vein in her arm, but no blood came. Her pulse was gone; she was dead, and before I had time to fairly turn around, the second child still unborn. Now the question is, what was the probable cause of her death? No post mortem was permitted. It could not have been collapse, in my opinion. She had done a large washing the day before, to which she attributed her febrile action. During her pregnancy she had been very much troubled with acidity of the stomach, and her husband stated that she had taken over four pounds of soda for that trouble. I would much like to hear the opinions of physicians as to the cause of death, and if a like case has been met by others.

A. R. Bodley, M. D.

Ray, Steuben Co., Ind., Feb. 20, 1880.

[In the absence of a *post mortem*, the symptoms would warrant us, we would think, in ascribing the death to embolism.—Ed. News.]

Improving the Race.—*Apropos* of the Smithfield cattle show (*British Med. Jour.*), and in a rather fantastic leader, the *Times* broaches this delicate though important subject by observing that, with a suitable dignity and even magnificence, there was last week exhibited in this metropolis the splendid and convincing illustration of a fact which has a high part in the course of this world. The virtue of breed, whether in man or in the creatures by which he is immediately surrounded, is maintained as the basis of our constitution at Westminster, but appeals to our senses at Islington. It is found possible not only to produce cows and sheep and pigs that are models of perfection in their respective ways, but to reproduce them to almost any number with an approach to certainty. It is a trite comment, but continually enforced by fresh experience, that what we do with these poor beasts we can do with mankind. The moral of the Smithfield Club show is invaluable in its application to the meritorious and necessary classes that do the work of this country, whether in country or in town, whether in the field or in the workshop and factory. If we can make beeves, sheep and pigs yield the greatest possible quantity of the best possible meat, surely we can do something to make our laborers and artisans yield the most possible work with the least possible pain and injury to themselves. We all have our ideal of a British laborer or workingman; but we are all painfully aware how few of the class fulfill the ideal. The present show demonstrates the possibility of improving a living breed up to a required perfection. There are special difficulties in the application of this process to reasonable beings with wills of their own and rights of their own; yet much can be done, and much has to be done. Our population may be increasing, but it does not keep pace with the numerous drains upon it and our national requirements.

Adulteration of Food.—A member of the National Board of Trade has placed at the disposal of that body $1,000, for a prize, or prizes, to be given for the best act or acts, accompanied by an essay, designed to prevent injurious adulteration and to regulate the sale of food without imposing unnecessary burdens on commerce. The Board has authorized its president to appoint a committee of five to examine any papers which may be submitted in competition for the prize.

The aim of the competition is to obtain the best essay upon the subject of adulteration of food and drink in the United States, together with drafts of suitable State and national laws relating to this subject.

The object to be kept in view in preparing the essay shall be to show: (First) What are the usual deleterious adulterations of articles of food or drink in this country; (second) the effect of these adulterations on health and on trade; (third) the best means of detecting and preventing their recurrence with the least interference with commerce and with the least expense to the community; and (fourth) the reasons for the legislation proposed.

The time for the competition is limited to the first day of October.

The prizes will be given, the first being $500; the second $300, and the third $200.

Further particulars may be learned by addressing the *Sanitary Engineer*, 140 William St., New York city.

Diploma-Selling Colleges.—The Massachusetts State Medical Society is moving in the matter of ridding the Bay State of quacks. It recently presented to a legislative committee the names of a number of institutions which, though legally chartered, make a business of selling diplomas. The list of these is as follows: American University of Medicine and Surgery, of Philadelphia; Philadelphia University of Medicine and Surgery; Physio-Eclectic Medical College, of Cincinnati, O.; Physio-Medical College, of Cincinnati, O.; American Eclectic Medical College, of Cincinnati, O.; St. Louis Homœopathic Medical College; St. Louis Eclectic Medical College; New England University of Medicine and Surgery, of Manchester, N. H.; University of Medicine and Surgery, of Haddenfield, N. J., and American Vitopathic College, of Cincinnati, O. It will be noticed that the "Reformers" are very prominent in this business, and that Cincinnati, the hot-bed of "reform," has no less than four of the savory lot. The diplomas of another of its "reform" institutes, not numbered in this list, were until recently not recognized by the Illinois State Board of Health. It was only under promises that it would set itself right that the ban was removed from the institute.

State Sanitary Convention.—The second of the State Sanitary Conventions which Michigan has the honor of having instituted, was held at Grand Rapids on the 17th and 18th ult. The attendance and amount of work done, although not as large as those of the Convention held in this city a short time ago, were still very creditable. Among the papers read and meriting special attention, were those by Dr. H. B. Baker, of Lansing, on "General Sanitation;" by Dr. E. H. Van Deusen, of Kalamazoo, on the "Relation of Drainage to Health;" by Mrs. Ballard, of Grand Rapids, on "Cooking;" and by R. C. Kedzie, of Lansing, on "Some Conditions of Inflammability." A number of sanitary appliances were exhibited. Dr. A. Hazlewood was Secretary of the Convention, and to his efforts the success of the meeting was largely due.

How to Take Castor Oil.—*Medical Press and Circular:* The following method of administering castor oil is recommended by M. Potain, and described in a late number of *Le Practicien*. An orange

is cut in halves, and after removing the pips the juice of one half is pressed out into a tea-cup. The oil is poured carefully upon the top of this juice, and on this again the juice of the other half of the orange is squeezed out. The oil remains between the two layers of juice in the shape of a meniscus, and may be swallowed without any unpleasant taste.

The leading article in the *North American Review* for March is by ex-Judge Jere. S. Black, and is entitled "The Third Term," being a reply to ex-Senator Howe's paper on that subject in the *Review* for February. Hon. E. W. Stoughton follows Mr. Black, taking precisely the contrary view. A timely article by David A. Wells aims to prove that a discriminating income tax is essentially communism. The fourth article is by Rev. Dr. Bellows, and treats of Civil Service Reform. Professor Simon Newcomb, in an article on "Our Political Dangers," calls attention to the need of some non-political tribunal for the determination of contested elections. John Lancaster Spalding, Bishop of Peoria, makes a spirited reply to Froude's recent article on "Romanism and the Irish Race in America." The notices of new books are by Mr. E. L. Didier.

The *College and Clinical Record*, of Philadelphia, edited by Richard J. Dunglison, M. D., and Frank Woodbury, M. D., and the *Medical Annals*, of Albany, N. Y., edited by some one too modest to announce his name, are the latest acquisitions to the ranks which we have received. The style and appearance of the former gives one the impression that it has come to stay, and we bid it welcome. The latter is as good as might be expected of an impersonal production, but if it succeeds it will be in spite of its general style and appearance. The successful journal now-a-days must have individuality.

The *Louisville Medical News* expresses a preference for the following: Reed & Carnrick's Maltine, one tablespoonful; peach brandy, one teaspoonful, or more. This, it says, makes a jolly tipple, and is exceedingly useful as an appetizer, digestant and tonic in appropriate cases.

This is true; the *Louisville Medical News* says so, and we know of no one whose opinion on matters of this kind is more reliable than that of the editor of our esteemed contemporary.

A candy manufacturing firm recently addresed a letter to one of our prominent Sunday school superintendents, soliciting an order for candies for a festival, and as an inducement said, "We have prepared a mixture especially adapted for Sunday schools." The peculiarity that especially fits them for Sunday school purposes is not mentioned, and it has been suggested that possibly they are of that "filling" nature which secures employment for physicians.

The Chinese Consulate-General, recently established in San Francisco, has informed the British Consul that there are 300 Chinese doctors in the capital of California, and this estimate is considered too small. In 1878 more than $40,000 worth of drugs and dyes, $30,000 worth of chemicals, and nearly $700,000 worth of opium were imported from China into San Francisco.

Medical and Surgical Reporter: The latest theory of cancer is, that it arises from constituents secreted by the testicles and ovaries, and deposited in certain tissues. Castration and ovariotomy are suggested as preventatives. Mr. Robert Mitchell, M. R. C. S., London, is responsible for this theory, and he has written a good sized book to support it.

The *Medical Record* says that "the first year at college is generally given up to testing the various brands of tobacco, or the toxic properties of alcohol, and in the easy and comfortable absorption of such medical lore as a semi-soporific condition during lecture hours will take in," all of which statement, we believe, is libelous, by a large majority.

There are 194 centenarians in France. Five of them are bachelors, three benedicts, forty widowers, twenty-two spinsters, ten married women, and 114 widows. Such statistics, if they prove anything, prove that the fact of a woman's husband dying gives her a renewed lease of life.

We were favored with a call at our sanctum a few days ago by Drs. Chapman and Thorn, of the Toledo *Medical and Surgical Journal.* They report themselves well and the *Journal* flourishing. They deserve it all, and we were happy to make their acquaintance.

"Specialty" is an ugly word altogether, and smells rather too strongly of quackery. New "specialty" is but old "nostrum" writ large and translated out of dog Latin into slang French.—T. Holmes.

Dr. E. W. Jenks, late of this city, now of Chicago, has opened his office at 70 Monroe street, in that city. His residence is at 820 Indiana avenue, corner of 16th street.

A new fever has appeared in Japan. It is a miasmatic, non-contagious, continued fever, somewhat resembling anthrax in its lesions.

"Give us your paw," said an evolutionist to his dog, "it will be a hand by and bye."

Original Articles.

Gynæcological Clinic.

BY C. HENRI LEONARD, M. D.,

Professor of Medical and Surgical Diseases of Women and Clinical Gynæcology at the Michigan College of Medicine, at the College Dispensary, February 14.

I.—LABIAL HEMATOCELE, PROLAPSUS, ENDOMETRETIS.

The first case we have to show you, gentlemen, is Mrs. ——, æt. 28. She complains of a great deal of back ache, leucorrhœa, and bearing down pains. The pain in the head that she complains of is al-

most pathognomonic of uterine trouble, in that it is located either at the top of the head or at the nape of the neck, and is of a hot, burning character. When you get this symptom, gentlemen, you can be pretty confident that there is intra-fundal congestion or positive inflammation.

On examination we find quite a large swelling within the right labium majus. At first sight, it strikingly resembles a descent of the intestines down the inguinal canal into the labium; in other words, a labial hernia. We shall have to diagnose this now by exclusion, and shall begin by assuming that it is a hernia. The patient informs us that it is quite painful on pressure; that it has existed only a short time, and that it is only slightly enlarged when on her feet. On asking her to cough no impulse is communicated to it, neither is it possible to reduce any portion of the contents by manipulation; the patient distinctly asserts that she has received no injury that she knows of, but for all that, I regard it as of traumatic origin; and that there has been a rupture of some of the blood vessels of the bubo, with extravasation, and consequent swelling (œdema). I shall, however, give it no special treatment at present, as nature will take care of it herself.

On digital examination I find the uterus to be low down in the pelvis, the lips patulous and granular. The patient, then, has prolapsus, with erosion of the vaginal cervix. On introducing my uterometric sound through the speculum, and measuring the uterine cavity, I find that it is fully half an inch too large for a healthy uterus, and that the uterus is exquisitely tender at the fundus ; a few drops of blood follow the withdrawal of the sound. This shows an inflammatory condition of the intra-fundal portion of the uterus; indeed, the whole intra-uterine tract is denuded of its epithelium, and the vascular loops bleed everywhere at the merest touch.

Our treatment will be, first, to apply, with this wisp of cotton wrapped around Emmet's applicator, the following mixture to the whole cavity of the cervix and fundus:

℞ Acidi carbolici, - - - ʒ j.
Tinct. iodinii, - - - - ʒ iij.
Glycerinæ, - - - - - ʒ iv.
M.

After this I shall saturate this large bolus of cotton with the following mixture:

℞ Acidi tannici, - - ℥ ss.
Acidi carbolici, - - - ʒ j.
Tinct. iodinii. - - - ʒ ij.
Glycerinæ, q. s. ad. - - - ℥ iv.
M.

And then crowd this thoroughly up in the posterior *cul-de-sac*, thereby holding the uterus to its natural position. An osmotic flow will be experienced from this application, though the amount will vary greatly with the individual. This application coming in contact with the swollen labium, will also aid in its reduction of size.

[On the students leaving the room the patient confessed to an injury received during a recent sexual congress, upon the right side of the privates.]

II.—PROCIDENTIA WITH CYSTOCELE AND RETROCELE.

This second case, gentlemen, though our text books speak of it in the simple form of procedentia of the uterus, as quite common, yet as we now see it, it is far from being so. Here you have not only the uterus "into the world," but also the bladder, and a portion of the rectum. The lady says she has "falling of the womb;" this she learned from her former attendant, but knows nothing apparently of the complications; she says this condition of affairs has existed for some seven months, only not quite so bad as this, for now, when on her feet, this great compound tumor, as you might call it, reaches halfway to her knees. At that time she was delivered of a seven months dead fœtus. The perineum was evidently ruptured at a prior birth, as she tells us that her attendant then wanted to sew something up, but she would not let him.

You can see very distinctly the bladder as it lies on top of the tumor, slightly distended with urine, though she says she made water only a few moments ago; probably she could not get it all out; there is a constant desire to urinate, she tells me, and that it is also hard work for her to have a movement of the bowels. On palpation see how clearly you can get fluctuation through the bladder walls. The uterus, you see, has been lacerated, though the tear is not one calling for surgical interference; it is also excoriated on these several raw looking and glazed surfaces, or has been at some recent time. These excoriations have arisen from the friction of the patient's clothing and thighs, as she is a hard laboring woman, in spite of her present infirmity. The epithelial covering of the uterus and vagina have degenerated by a hardening process, to simulate the scarf skin of the back of the head, a condition commonly seen in procidentiæ of long standing.

In introducing my uterometric sound, you see the cavity is not so very much lengthened, not so much as you would expect, as it measures less than three and a half inches. There is but little irritation within the uterus, since no hæmorrhage follows the sounding.

In reducing this, it is hardly necessary to draw the water, as enough is not present to interfere materially with the process. It is necessary though to know pretty well the anatomy of the parts, the curve of the sacrum, etc., to reduce it easily and as painlessly as possible, and you must begin to restore the part that was last to come down; this was, undoubtedly, the superior portion of the bladder. Smearing my hand with petrolina, I begin by trying to press out the urine from the prolapsed bladder by a "stripping" process; this turns the neck of the uterus up towards the pubes, as the bladder is returned; then the contents of the prolapsed rectum are squeezed upwards, and the loose vaginal tissue, superiorly and inferiorly; this done, I now squeeze the uterus about the fundus pretty thoroughly, so as to reduce its size for entrance to the vaginal tract. Now grasping the uterus around the neck, and making steady and firm pressure downwards, backwards and then upwards, I

feel the uterus following the course of the sacrum upwards, until the whole is within the vulva; still following it up with my whole hand, as the parts are as fully dilated as after childbirth, I carry the womb still further up within the pelvic cavity until the invaginated folds are nearly obliterated. I now saturate this very large bolus of cotton with mixture No. 2, and place it well up towards the sacral promontory, as high as I can, in fact. On examination the perineum is found badly lacerated. To make a final cure of this case a denudation of the perineal side walls is necessary, and then they should be sewed together till union takes place. Before this is done, however, some temporary treatment should be instituted, similar to that used on the first patient we saw.

III.—RETROFLEXION, CYSTOCELE, RETROCELE.

This case, gentlemen, is an interesting one, from the fact that the lady considers herself over seven months advanced in pregnancy. She came here at our last clinic. I made a superficial examination, and told her, she might be pregnant, but she could not possibly be that far advanced, not more than three or four months at most. I gave her, however, the advantage of the doubt, and so made but the application of the pessary of cotton, soaked in solution No. 2, so as to elevate and hold supported the uterus as much as possible, thus relieving much of the bearing down pains that she complains of. After getting up from the table, she said that she must either be "seven months, and over gone," or else not at all, for she had been separated that length of time from her husband. She says she has borne eleven living children, and she feels exactly the same now as when pregnant before, and "knows" she must be that way. I can safely say from abdominal manipulation that if she has had no connection within seven months, that she is not pregnant at all. The uterus cannot be felt above the pubes, by bi-manual examination, though posteriorly and somewhat laterally, per vaginam, it can be felt to be considerably enlarged. She is now of that age that she should stop menstruating, and this, I take it, is the reason she has seen nothing of her courses. Now this enlargement that I detect about the uterine site, is either a fibroid tumor, or else a retroflexed uterus; the organ is also prolapsed. To-day I shall have no hesitancy in introducing the sound. If the enlargement is a fibroid, I should certainly expect menorrhagia rather than a complete absence of a "show," although to the finger the body seems to have a sessile attachment to the posterior uterine wall. [Here several of the students examined the woman.] Now if this is a retroflexed uterus, the sound, as I introduce it, must be inserted with the *convexity* upwards—not as in the usual way with the *concavity* of the shaft upwards. You see, as I start to introduce it in the normal way, it enters scarcely an inch; now, by turning it so that the convexity will be upwards, it goes still further within the canal, now meets with a slight resistance at the internal os, and now "jumps" as it were from this point, as it clears the restricting os, till it reaches the fundus. By sliding the steel ribbon down the shaft till the button hits the external os, we find the cavity measures exactly two and a half inches, certainly not a pregnant uterus. On the withdrawal of the sound a globule of bloody mucus is attached to the *bougie-á-boule* sound-point, thus indicating a slight endometritis, or else a slight rupture of the mucous membrane of the internal os, probably the former.

On the withdrawal of the speculum, you will notice two globe-like tumors, about the size of an English walnut, pouting from the superior and inferior portions of the vulvar orifice. The former is a descent of the bladder, and the anterior vaginal wall, and the latter is an inversion of the posterior vaginal wall with a portion of the rectum. These represent an early stage of the condition of complete procidentia as witnessed in the patient who has just left the room. The perineum, you see, is quite extensively lacerated. This, undoubtedly, was the origin of the whole trouble. It should be sewed up.

The uterus now we will replace with the sound. The speculum should be out of the vagina when you do this, for the expansion of the blades so distend the vagina as to make the replacement otherwise impossible. The handle of the sound, as now introduced into the uterus, is at or near the pubes. The first movement towards replacement is to depress the handle as far as possible towards the perineum. Then, by a gradual turning of the sound on its axis, with a combined pressure of the fore-finger in the vagina upon the anterior lip of the uterus, the fundus of the uterus is felt to sweep up over the sacral promontory. No tumor is now felt in the posterior vaginal region. We now carry it up as far as possible into an antroverted condition, while we pack this long cotton bolus snugly up in the posterior cul-de-sac, and also a portion of it against the anterior lip of the uterus. This procedure will need to be done several times before the organ will get accustomed to its new, though normal, position.

IV.—LACERATED PERINEUM, PROLAPSUS, ENDOMETRITIS.

Our fourth case, gentlemen, shows another stage of procidentia, still earlier than the one that just left the room. This woman, too, has borne several children, and complains now of a great deal of leucorrhœa and intense back ache, and pain down the thighs, especially the left one.

On separating the labia you notice the body of the pernineum is mostly gone, although the skin, nearly to the fourchette, seems to be entire. You also notice quite a decided pouting from the posterior vaginal wall, as it seems to slip down over the ruptured perineal body. If you remember your anatomy now you will recall that the rectum, from the influence of the coccyx, makes quite an acute curve forwards at this point, at the expense of the body of the perineum; and it takes quite a little restraining force to keep the rectum within its due bounds. When the perineal body is weakened through partial or complete loss, this convexity of the rectum becomes gradually more prominent, through erosion of the posterior vaginal wall, until we get the globose tumor seen

in our last case, or a prominent retrocele. Cystoceles are formed in a very similar manner.

On introducing the finger within the vagina we detect the mouth of the uterus riding on the perineum close to the left side. This accounts for the pain being greatest in the left thigh, as the nerves are hereby pressed upon quite severely.

On introducing the speculum, we find the uterine neck quite extensively eroded, probably from its frictions, and a purulent looking discharge covering it and oozing from the os. On introducing the sound we find the uterus in the first stage of retroversion, a condition always seen in prolapsus; on measurement we also find that the size of the uterus is considerable above normal, it being the seat of areolar hyperplasia, and that it bleeds readily on manipulation. The lady thus has endometritis with all her other troubles. Our treatment will be very similar to that employed in case I.

[The lady, on getting up from the table, reported almost complete relief from the cutting pains that were shooting down the left thigh when she entered the room; she could also easily walk upright, which she could not do when she came in.

[Cases V and VI, were quite similar to cases I and IV, and from our limited space we are obliged to omit them.—Ed.]

A Case of Innominate Aneurism.

A CLINICAL LECTURE BY J. M. DA COSTA, M. D.

Reported specially for the Michigan Medical News.

You saw at the last clinic a case of aneurism of the thoracic aorta. In that case I explained the symptoms and made a clinical analysis of the features of the case. Among other things I pointed out a difference between the pulses but not between the pupils.

As regards the eyes, you will remember that I told you that the pupils were somewhat contracted, but that no conclusion could be drawn from this condition, owing to the fact that the man had been taking morphia. When the morphia was discontinued the pupils were found to be not distinctly contracted. As regards the pulse record, you will remember that I observed that it was not full on either side, and that it varied somewhat between the two sides, the right being at times feebler than the left. To-day I have with me careful sphygmographic tracings of both pulses, and by comparison I find that the left is the weaker of the two. The right shows more force. So you see that the sphygmograph has settled this point for us much more accurately than could be done by the finger alone. You notice the vertical straight up and down lines in the tracing of the right pulse and their absence in the left. Otherwise I have nothing to add to what I then said.

I have to-day a case of aneurism of the innominate artery.

A. S., seaman, æt. 50. In the year 1870, while in Java, he had fever and ague, lasting for six months —a very highly concentrated malarial fever. In the year 1853, while in China, he contracted syphilis, and four or five weeks after exposure had an eruption attended with loss of hair and osteoscopic pains and induration of the inguinal glands—every evidence, in fact, of the constitutional affection. He was admitted to a hospital in the East for these symptoms, and was discharged, as they thought, cured. With the exception of these periods spent in hospitals the patient has been an active seaman all his life until 1877, when he was a good deal pulled down by diarrhœa. Subsequently, and apparently following the diarrhœa, he suffered from neuralgic pains in the right side of the neck and in the upper extremities. These pains were so severe that he was compelled to stop work and go into a hospital, where he was treated for rheumatism, but with no benefit. This was two years ago. At that time there was no marked pulsation in the neck, or elsewhere. The pain continuing, he first noticed in October, 1879, pulsation and swelling at the root of his neck. Shortly afterwards he complained of cough upon exertion and of dyspnœa. In December, 1879, he also was cognizant of some aphonia, hoarseness and pain in swallowing.

This is the short history obtainable, from which I extract these prominent points: Syphilitic disease many years ago; dysentery, weakening patient; malaria still further weakening him; chest pains, hoarseness, cough, and finally, when cough and dyspnœa were marked, the patient himself becomes cognizant of a pulsating tumor at the root of his neck.

As regards the present appearances of the case, we shall examine for ourselves in a few moments.

I will give you a short resumé of the man's symptoms since he has been in the hospital. He came in complaining of chest pains and pulsation in his neck. Shortly after his admission he had a hæmorrhage of about a pint and a half of red blood. This hæmorrhage was followed by persistent expectoration of blood, lasting for several days. This expectoration consisted altogether of clots of black blood. A slight amount of this expectoration of black blood has persisted until to-day. The night before last he spat up a small amount of red blood, but fortunately we succeeded in averting what threatened to be a second copious hæmorrhage.

This bleeding co-existed with some pain in the left side and with some chest râles. There was very evidently congestion of the lungs.

Since we have had the patient in the hospital there has been no marked difficulty in swallowing. His voice is not at all affected. With reference to his respiration—and I am giving you these points in order that you may know how the patient has been —it is not at all accelerated; it ranges from twenty-two to twenty-six to the minute. His pulse varies from 80 to 100, and although not strong, has a fair volume.

Now, gentlemen, having given you the symptoms of the case, let me proceed to examine the man physically in your presence.

We see before us a pulsating tumor above the clavicle and to the right of the sterno-cleido-mastoid muscle, as well as under the belly of the muscle at

its upper third. The pulsation is tolerably well marked, but not so much so as the presence of so large a mass would lead us to expect. It is chiefly an up and down pulsation. There is only a very slight lateral pulsation, and that on the right edge. Putting the stethoscope over the pulsating tumor above the clavicle, I notice a short, hoarse, systolic murmur, followed by a distinct second sound, similar to the second sound of the heart. There is no thrill.

Listening immediately below the clavicle, where you perceive that the pressure of the stethoscope gives rise to some pain, I can distinguish the same murmur, but very faintly; the second sound, however, is distinct. The point of the greatest intensity of the murmur is above the clavicle, but as I approach the aortic cartilage and pass the third interspace, the murmur is lost.

The heart is the seat of no abnormal sound of any kind. There is a distinct second sound perceptible all over the cardiac region. The first sound is slightly dull towards the apex, and is *murmurish*, but there is no distinct murmur. The impulse of the heart is increased and extended, but is less than that of the pulsating mass in the neck.

To complete the clinical record I will show you the sphygmographic tracings, which will settle the difference which exists between the two pulses, but this difference is so marked in this case that any one could discern it. The right pulse is very feeble; the left has a fair volume.

The right pulse has produced in the sphygmographic tracing almost a continuous line. The tracing of the left pulse, on the other hand, is altogether composed of vertical lines. With this I have laid before you the main clinical points of the case.

The pupils are both small, but there is no marked difference between them. They have been accurately examined by an accomplished ophthalmologist, who says that there are slight atrophic changes in both eyes, but that there is no such difference between the eyes as between the pulses. The right carotid beats feebler than the left.

There is no renal disease, and no marked gastric symptoms. The resident physician says that in examining the urine he has occasionally found a trace of albumen, but no casts, and only a few blood cells, as from an acute congestion of the kidneys. The man has a fair appetite, and his bowels are regular.

I will now proceed to make some remarks upon the case:

This is an example of aneurism of the innominate in which the aneurism is chiefly of the innominate, but involves a portion of the aorta itself. I believe it started in the aorta and worked its way up. I say this because the history tells us that there was loss of voice and difficulty of swallowing—both pressure phenomena—at first, but that these have now passed away.

These pressure phenomena belong to aortic aneurism. In aneurism of the innominate change of voice is not so marked. As a general thing difficulty of swallowing does not exist at all in cases of innominate aneurism. The pulsation existing above the clavicle, or just under it, is in favor of the supposition that the case is one of innominate aneurism, if aneurism at all.

Is it an innominate aneurism? Have I asserted that it is without proper grounds? You will say, "we cannot believe that an aneurism could exist with so little pulsation and without thrill—may it not be a solid tumor?" The thought that it was a solid tumor took strong possession of my mind at one time, but I dismissed the idea.

This aneurism has a far less evident pulsation than is common in aneurism of the innominate. My reasons for dismissing the tumor theory were, (1) that the case was one following a disease (syphilis) pre-eminently causing arterial changes. (2) That, with a history of syphilis, the disease (aneurism) manifested itself at a time when the system was exhausted by fevers and diarrhœa, at a time when the arteries were apt to dilate from want of tone. (3) Its position above the clavicle favors the idea of aneurism. A solid tumor, were it present, would grow downwards, and compress the lung, and produce dullness under the sternum, and give rise to cough and expectoration, which are not present here. Notwithstanding the solid feel of the mass and the absence of thrill and of strong pulsation I pronounce it to be an aneurism. Its position above the clavicle and the absence of pressure prove to my mind the existence of innominate aneurism. The reason we do not have more pulsation is because the aneurism is beginning to solidify.

One striking symptom of the case is the difference between the two pulses. This difference is all the more marked, of course, in innominate aneurism. The innominate only supplies the right carotid, subclavian and brachial. There is a much more marked difference between the pulses here than in aneurism of the arch.

How do I explain the hæmorrhage? In two ways I might explain it. (1) It might be the result of a leakage of a sac into a bronchial tube; and (2) it might have been produced by secondary disturbance of the pulmonary circulation. I believe the latter explanation to be the correct one. When hæmorrhage is produced by leakage from the sac it is likely to be in sudden jets and spurts, and not continued. The râles which can be heard over the chest are also in favor of the view of the case which I have adopted.

Our treatment has consisted in iodide of potassium in large doses, with aconite or veratrum viride to keep the circulation quiet. If there be a tendency to hæmorrhage, I have great faith in the judicious use of ergot. We started on the iodide of potassium and veratrum viride treatment, but when the hæmorrhage supervened, we desisted, and gave ergot. I regard ergot as very useful in the radical treatment of aneurism. Langenbeck has reported two cures affected by the hypodermic use of ergot. It is undoubtedly a valuable remedy in the treatment of aneurism.

I think that we have now reached the stage where we can with propriety go back to the treatment by

3 ss of the iodide of potassium thrice daily, if the patient can stand such an amount. I will order it given in ginger syrup and water. His pulse this morning is only eighty. I will try and keep it there (1) by rest in bed, and (2) by occasional doses of aconite or veratrum viride. I will give gtt. iij of the fluid extract of veratrum viride twice daily, if necessary.

The medium course in diet is that indicated in aneurism. The old plan, originated by Hippocrates and revised by Valsalva, consisted in starving a patient and drawing blood frequently. This plan was thought to cause coagulation, but experience has not supported it. It has, of late years, been thought best to keep the blood in a clotable condition by means of a moderate diet. We must see that there is enough fibrin in the blood for coagulation to take place.

It is by favoring this coagulation that the iodide of potassium chiefly acts. It does not do all its good, however, in this way. The rationale of the effects of iodide of potassium in large doses is not thoroughly understood.

Selections.

The Treatment of Hysterics.—I think that this woman told me that she suffered from falling of the womb; but however that may be, she is certainly a very nervous woman—almost hysterical—so much so that she cannot answer any of my questions. I try to calm her by holding her hand firmly, and endeavor to divert her attention by feeling her pulse. You will find this sometimes a very excellent means of quieting these hysterical patients. Her hysterical aphonia is very marked, but I gather, from her sobbing utterances between the spasms, that she is 34 years of age and unmarried. This hysterical contraction of one or all of the sphincters of the body is a very strange thing for us to understand, but we very often meet with it. Now it is spasm of the sphincter ani, with difficulty in defecation; again it turns up as dysuria, with scalding sensations in the passage of the urine, due to contraction of the muscular fibres throughout the whole length of the urethral track; or we may have spasm of the internal os uteri; or, as in this instance, of the epiglottis and trachea.

I introduce my hand into the vagina, and find a virgin os, long, sickle-shaped, and looking upward and forward, instead of downward and backward. But the examination gives rise to so much pain and such hysterical symptoms that I shall postpone it until after the lecture is ended. Meanwhile, let me say a few words to you regarding hysteria and its treatment.

Hysteria is a disease to which every woman is liable; and which every physician will be, some time or other, called upon to treat. Most of you will find it very hard, in most instances, to distinguish between hysteria and organic disease, for it, in many instances, mimics exactly grave structural diseases. There is no difficulty in forming a diagnosis when you meet with a real hysterical attack, attended with screaming and groaning and kicking.

When you are called in to treat a young girl with a hysterical attack, there are three things which you had better do: (1) Institute at once firm pressure in the neighborhood of both ovaries. This is very apt to quiet the patient at once. (2) Administer an emetic. I have found that a woman who is well under the action of an emetic has not the opportunity to do anything else than be thoroughly nauseated. Give a full dose of ipecac, with one grain of tartar emetic. (3) And this method of controlling the spasm will often act charmingly—take a good-sized lump of ice, and press it right down upon the nape of the neck. This produces quiet by its powerful impression upon the whole nervous system.

When the attack is entirely under control, the best method of preventing the occurrence of another attack is to administer a full dose of assafœtida—none of your small, two or three grain doses, but ten grains, all at once.

I am in the habit of regarding a hysterical woman in the same light as a skittish, unmanageable horse; and just as I catch the one by means of a handful of oats, so I do not hesitate to entrap the woman by much the same means. I remember one instance, in which I assured the husband of a hysterical woman that the drug I was giving—assafœtida—had a very powerful odor and had come from a very great distance. I have no doubt that he thought I had sent all the way to the Orient after it, and gave his wife to understand accordingly; certainly, my words acted like a charm in that case.

There is everything in a doctor's manner in the sick-room; and he who looks and speaks hopefully, saying, "take this, and you will get well," and "do that, and you will feel better the next moment," is much more likely to cure his patient than the man who magisterially goes through the motions, without a ray of light or hope in his face, ordering "this pill to be taken in half an hour," and "so many teaspoonfuls of that prescription to be given at such and such times."—Dr. Wm. Goodell, in *Clinical News*.

Poisonous Vinegar.—The editor of the *Boston Journal of Chemistry* says: Vinegar sold in the markets is so generally of a factitious character that it is better to discard its use, unless it can be procured from known honest sources of supply. The cheap vinegar thrown into the market by vinegar makers does not cost over two cents a gallon; some of them are but little better than dilute sulphuric acid. Pickles! If any one wishes to eat these detestable and unwholesome substances, it is better to procure the vegetables and good cider vinegar and make them at home. The oleomargarine manufacture ought to be prohibited by State legislation. Any compound made up of common beef tallow, and so colored and scented as to resemble butter, is a fraud; and most of the consumers, who are among the poorer classes, are defrauded in its purchase. The best specimens which have come under our notice are repulsive, greasy compounds.

Formulary.

The *Druggist's Circular* publishes a list of formulæ for cements, from which we select several. It lays down three rules which must be rigorously adhered to in order to insure success:

1. Bring the cement into intimate contact with the surfaces to be united. It is often necessary to heat the pieces to be united in order to secure this intimacy.

2. As little cement as possible should be allowed to remain between the united surfaces. To this end the cement should be applied in a thoroughly melted condition and pressure afterwards applied until the cement has hardened.

3. Plenty of time must be allowed the cement to harden.

Casein Mucilage.—Take the curd of skim milk, (carefully freed from cream or oil), wash it thoroughly, and dissolve it to saturation in a cold concentrated solution of borax. This mucilage keeps well, and as regards adhesive powers far surpasses the mucilage of gum arabic.

Casein and Soluble Glass.—Casein dissolved in soluble silicate of soda or potassa makes a very strong cement for glass or porcelain.

Cheese Cement for Mending China, Etc.—Take skim milk cheese, cut in slices and boil it in water. Wash it in cold water and knead it in warm warm water several times. Place it warm on a levigating stone and knead it with quicklime. It will join marble, stone or earthenware so that the joining is scarcely to be discovered.

Kerosene Oil Lamps.—Three parts of resin one of caustic soda, and five of water; mixed with half its weight of plaster of Paris. It sets firmly in three quarters of an hour and is not permeable to kerosene as the ordinary cement is.

Cement for Uniting Leather and Metal.—Wash the metal with hot gelatine; steep the leather in an infusion of nut-galls (hot), and bring the two together.

Cements for Attaching Metal to Glass.—Copal varnish, 15; drying oil, 5; turpentine, 3; melt in a water bath and add 10 pints slaked lime.

Paris Cement for Mending Shells.—Gum arabic, 5; sugar candy, 2; white lead, enough to color.

Gutta Percha Cement.—This highly recommended cement is made by melting together, in an iron pan, two parts common pitch and one part gutta percha, stirring them well together until thoroughly incorporated, and then pouring the liquid into cold water. When cold it is black, solid, and elastic; but it softens with heat, and at 100° Fah., is a thin fluid. It may be used as a soft paste, or in the liquid state, and answers an excellent purpose in cementing metal, glass, porcelain, ivory, etc. It may be used instead of putty for glazing windows.

for chillblains.

℞ Beef brine.....Oj.
Nitrate of potash.....ʒ ij.
Water of ammonia.....ʒ iij
M.

for sore nipples.

℞ Tannin,.....ʒ j
Sub-nit. bismuth.....ʒ ij
Vaseline.....ʒ j
M. Sig. To be applied constantly when the child is not nursing.—*Dr. Howell.*

From "Notes on Hospital Practice:"

ophthalmia neonatorum.

A solution of nitrate of silver ¾ of a grain to the ounce is injected under the lids twice a day.

For the lids themselves the following is usually employed:

℞ Sodæ boratis.....gr. xij
Zinci sulphatis.....gr. j
Aquæ camphoræ.....f ʒ j
Aquæ destillatæ.....f ʒ j
M. Sig. To be applied to the lids two or three times a day.—*J. F. Meigs, M. D.*

A plan of treatment highly recommended by Mr. Dickson, of London, viz., the injection between the lids every half hour of a solution of alum, from five to eight grains to the ounce, the strength of the solution to be gradually diminished as the case gets better, has also been tried with very gratifying results by Dr. Meigs.

sleeplessness in uterine disorders.

When patients complain of nervousness or sleeplessness, the bromide of potassium is given either alone or in combination. A cheap and efficient mixture is the following:

℞ Pulv. ferri sulph. exsic.....gr. xxx
Potassii bromid.....
Rad. columbæ contus.....ää f ʒ j
Aquæ bullientis.....Oj
Steep for twenty-four hours and then strain.

Sig. One tablespoonful in a wineglassful of water just before or just after each meal.

In other cases the following is used:

℞ Elixir humuli.....f ʒ j
Elixir ammon valerian.....
Syrupi lactucarii.....ää f ʒ ss
M. Sig. One dessertspoonful at bedtime or during the day when needful.—*Wm. Goodell, M. D.*

atropia as a preventive of pyæmic chills.

In several instances of abscess of the liver and of pyæmia, the 1-90 of a grain of atropia has been given by hypodermic injection, and the 1-60 of a grain internally, to prevent the distressing chills consequent upon these conditions. This remedy has acted like a charm. The effects of the dose or hypodermic injection given in the morning lasted through the following twenty-four hours. The same was the case with the belladonna bath:

℞ Tinct. belladonnæ.....
Spts. frumenti.....ää f ʒ ij
Aquæ.....f ʒ j
Sig. To be applied to the whole surface of the body by sponge at bed-time.

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

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Editorial.

The Salisbury Method in Consumption.

Several of the most valuable discoveries in medicine lay for many years under the ban of ridicule. Dr. Salisbury is doubtless aware of this fact, and probably draws consolation from it in the midst of the disfavor with which his theory of the causation and treatment of consumption is received. "Unmitigated bosh," "moonshine," and sundry other epithets fully as elegant and, as arguments, fully as convincing, have been hurled at it by various medical editors. Perhaps it merits all these, but it would seem more seemly to withhold them until it has been proven to deserve them. Calling hard names is an easy way to argue, but it seldom succeeds in convincing any one whose opinion is worth hearing. We know nothing of their qualifications as microscopists, of those who indulge in this easy kind of argument, but are certain that their names are seldom or never mentioned as authorities, either in microscopy or pathology, and will further venture the opinion (subject, of course, to correction on presentation of facts), that few or any of them are even the possessors of a microscope, or being possessors, can manipulate them to the demonstration of normal tissue, to say nothing of the demonstration of the incorrectness of Dr. Salisbury's views. The denunciation of these views before putting them to the test is all the more unfair, not to say absurd, when it is remembered that there is no generally accepted theory of phthisis, and none which even those advocating it would consider absolutely correct.

In view of the senseless denunciation of Dr. Salisbury's theory at certain hands, we note all the more cheerfully an article in the *Virginia Medical Monthly*, asking for it at least an honest trial, from the pen of one who presumably knows something of what he writes, Reginald E. Thompson, F. R. C. P., Senior Assistant to the Hospital for Consumption, at Brompton, England. Dr. Thompson says of it, "The theory involves several ideas, all of which may be true, or the facts on which the theory is built may be correct and the theory incorrect; and I say this, arguing from a general view of previous theories, and not from any intention to cast the slightest doubt upon facts or theories in the particular instance under consideration." He then recites a number of the theories of consumption which have at different times been held, only to be again rejected by the profession, adducing these examples "to show how capricious the profession is occasionally in dealing with facts and fancies—admitting some which are grossly improbable, rejecting some which are true. *Humanum est errare.*"

Dr. Thompson, it appears, has for some time, working from an independent point of view, been traveling on the same road as Dr. Salisbury, or as he puts it, "in the same direction, although he has been much longer on what is perhaps the right road, and has far outstripped me. For some time I have been convinced that phthisis has been approached a great deal too exclusively from the climatic side of the problem; and this notion has taken firm hold because I have seen so many cases (out of a total of twenty-six thousand patients) improve in an extraordinary manner under conditions of air and temperature which would generally be regarded as most unfavorable. To take a homely illustration, no one, I suppose, would conclude that the blight which destroys a pet plant is due simply and entirely to the climate or temperature of the room in which the plant is kept. The blight may be encouraged by the climate, or the plant may be so weakened by the climate as to succumb to the invasion of the blight; but the agent which is feeding upon the plant is the blight.

My creed with regard to phthisis is this: I use the word with a definite meaning, and in a restricted way, to signify destruction of pulmonary tissue by solution of continuity, to use a phrase adopted by the late Professor Rokitansky. This destruction of tissue may attack any portion of the pulmonary parenchyma. It is towards this terminus that pulmonary diseases converge; and it is in phthisis that they may terminate. Laennec and his followers, who maintain tubercle to be the *fons et origo mali* (another theory based on inaccuracy, which has been greedily accepted by many), only complicate the matter still further, inasmuch as they do not attempt to explain why tubercle should break down. It is impossible that a growth of tissue should be identical in process to the solution of that tissue; and I can only understand that tubercle should dissolve because it yields to the destruction of some agency.

The process of phthisis appears to me to be one and indivisible; and it attacks all kinds of pulmonary structure incapable, either from inherited or acquired peculiarity of structure (deficient vitality, if you will), of resisting the inroads of the destroying agent. Here, however, I am stopped, as I have failed to discover or arrive at any clue which may tend to the discovery of this particular agent. I look to Dr. Salisbury to lift me out of this slough of despond. Tubercle I look upon as in all cases a secondary formation, due to irritation of tissue resulting from the presence of septic matter. This matter, however produced, may be introduced into the blood vessels, leading to a general condition of disseminated tubercle (acute tuberculosis); or inhaled into the bronchial tubes from a cavity, it may form the lobular tubercle, which is better known under the term of "Carswell's grapes," or it may be taken up by the lymphatics.

I have ventured to put forward these opinions, inasmuch as I feel very strongly that the old theories of phthisis are very imperfect—many of them absolutely wrong—and we require a new theory to enable us to attack the problem from new points. For my own part, I shall hail with eagerness any new vein of thought which may open out a mine of treasure; and from the reputation of Dr. Salisbury, I confidently hope that he will lead us to fresh fields and pastures new."

Medical Charities.

Certainly there is no class of men so much imposed upon as physicians. What with the large percentage of their losses and the amount of work which they donate to humanity, it is not surprising that very few large fortunes are made out of the practice of medicine. The impositions practiced on the profession are, however, largely of the latter's own courting. Good nature is very prone to be imposed upon, and if practitioners could but be brought to exercise a little of the wisdom of the serpent with their dove-like inoffensiveness, the sons of men might very soon be educated up to a realization of the fact that medicine is a business, humanitarian, it is true, but still a business, and that there exists no reason which does not apply with equal force to the business of shoemaking or harness-making, why its practitioners should donate of the labor of their heads to the relief of their fellows. It is urged, "but it is sordid to talk of filthy lucre in the presence of suffering; the instincts of the humanitarian should crowd out all selfishness and impel to the relief of pain and sorrow regardless of gain." There is truth in this, but it is also a fact that flour and beef are very necessary to life, and that without these, or some substitute for them, there would be starvation and its long train of misery; that without shoes the feet would be exposed to cuts and bruises from sharp stones; and that without clothing the human animal would probably succumb to the rigors of our northern winters. But in spite of the latter facts the miller, and the butcher, and the shoemaker and the tailor are not considered hard-hearted and cruel and inhuman for refusing to supply, without pay, out of the abundance of their stores, the wants of those who without these supplies would suffer. Philanthropy is a beautiful thing, and all men love it—at some one else's expense.

Until medicine is looked upon as a business and conducted as all other business is conducted, its practitioners will, in the vast majority of instances, have to be content with making little or nothing more than is sufficient to supply their immediate wants and those of their families—and those wants must not be allowed to go out toward the luxuries or the extravagances of life.

Physicians do much charity work, but we doubt very much that the great bulk of it is done from that condition of heart which is necessary to bring to the performer that subjective reward which is supposed to follow the performance of a truly good and disinterested deed. Such reward is conditioned on the spirit which prompts it. The great bulk of the charity work done by physicians is done with a selfish purpose. The exception to the rule is in the case of the country practitioner, but even in his case all is not charitable which is ostensibly so. The large dispensaries of our cities make no pretensions of purely altruistic devotion in the vast amount of gratuitous work they perform, and when the country practitioner treats the pauper without hope of fee or award, he seldom, that is, comparatively seldom, does so with his heart brimming over with love to a suffering fellow creature. The so-called charity work is, in the majority of instances, expected to bring its reward in quite a different shape from that following pure disinterestedness. To call it charity is to abuse a good word. The dispensary physician hopes to make for himself a name by his gratuitous work which will draw to him those who have ample means to remunerate him for his services, and the reputation for being kind to the poor is good capital for even those who are not attached to large city dispensaries.

Doubtless practitioners in cities suffer most from the gratuitous (let us not call it charity) work done, and any reform which would correct the abuse to which city dispensaries are subjected would be hailed as a blessing. It may be taken for granted that there are very few of those who resort to free dispensaries who are not able to pay something for the services rendered them. This fact must be recognized in efforts to institute reform. It is the basis of the "Provident Dispensaries" which are being established in England. The influence of charity on its recipient is demoralizing. It destroys that independence of spirit the lack of which makes men slaves. By charging a small fee the patient is made to feel that he is paying for what he gets, and the feeling ennobles him. By adopting the small fee system the dispensaries would themselves be saved from much imposition and the patient educated in the knowledge of the fact that physicians practice medicine as a means of livelihood, and not for the sole purpose of relieving sickness. With the public fully impressed with this fact, those outside the dispensaries would probably pick up many a dollar which is now spent in whiskey, while the dispensaries themselves would be left with material quite sufficient in quantity, and drawn from the worthy poor, for all the purposes for which they are primarily organized.

On Tinctures from Fresh Plants.

(Tincturæ ex Herbis Recentibus.)

In the recent "Report on the Revision of the U. S. Pharmacopœia" to be submitted by the American Pharmaceutical Association to the coming decennial convention for the revision of the United States Pharmacopœia, we notice a proposition to introduce a class of tinctures under the above name, which are to be constructed on the same plan as the so-called "specific tinctures," or "German tinctures." While in some few isolated cases such a formula might produce a tincture having claims to value not obtainable from the dried plant, still these cases are

very few, and in general serious objections can and should be urged against the embodiment of this class of preparations in an authoritative work. The first and most important objection is the varying percentage of moisture in the fresh plant depending on the nature of the soil where grown, condition of the weather at time of gathering the plant, and other causes which cannot be controlled. In following the formula of macerating one part of the cut and bruised fresh herb with two parts of strong alcohol, there is produced, therefore, a tincture as uncertain in strength at different times of preparation as the herb from which it was made.

When we take into account that fresh plants, immediately after gathering, frequently contain as much as fifty to seventy-five per cent. of moisture, it will be seen that the resulting tincture can rarely be stronger in extractive matter than one made from the dried plant in the proportion of one to eight of menstruum. A more important question, however, is, are these tinctures better? Experience so far answers in the negative; and besides we can really see no need of the introduction of this class of preparations, as they present to us an addition to the list of fluid representatives of vegetable drugs which is already much better filled by the fluid extracts. These latter possess advantages which in the proposed tinctures are conspicuous by their absence. The main advantage possessed by fluid extracts is concentration, and in this respect the proposed innovation is decidedly a retrograde step. It is unquestionably due to the elimination of much of the alcoholic menstruum in fluid extracts as proportioned to the dose which has made them so popular with physicians that they have to a great extent displaced tinctures, as it has always been the aim of the conscientious physician to avoid the administration of alcohol unnecessarily.

Of less importance, but well worth considering, as this is a commercial feature, is the increased quantity of alcohol in proportion to the dose, increasing the cost of a given therapeutic value, with the necessarily resulting increased cost of carriage, over fluid extracts representing the same quantitive activity.

It is a noteworthy fact that juices of fresh plants contain a large quantity of inert matter, such as pectic, albuminous and gummy substances, which are in that condition much more soluble and readily extracted than from the dried plant, as after exsiccation their re-solution proceeds with greater difficulty; these substances, when dissolved from the fresh plant, undergo a gradual change on standing, and cause more or less precipitation, rendering them unsightly. While this objection applies to nearly all fluid preparations of vegetable drugs, it applies more forcibly to the preparations from fresh than from dried plants.

The difficulty of obtaining the fresh plants in suitable condition excludes the possibility of the retail pharmacist engaging in their manufacture. The tendency of plants containing so much moisture to mold or undergo fermentive processes if not immediately used, is a barrier to their preparation on a small scale by the druggist, except in isolated cases, where the plant is accessible.

An inspection of the homœopathic pharmacopœia reveals the following four classes of tinctures as prepared by them:

1st. Tinctures prepared by mixing equal parts of the expressed juice of fresh plants and strong alcohol.

2d. Tinctures made by macerating one part of the bruised fresh herb with two-third parts of strong alcohol.

3d. Tinctures made from one part of bruised fresh herb and two parts of strong alcohol; and

4th. Tinctures prepared from one part of dry powdered drug and five parts of strong alcohol.

By referring to the third class of these tinctures it will thus be seen that the so-called specific tinctures, or "Tincturæ ex Herbis Recentibus," have their origin with the homœopathic school, and while whatever credit is due them should be accorded, there still remains the fact that they are not of sufficient value over existing preparations to recommend their introduction in regular practice.

Treatment of Diphtheria.

The profession has been filled *ad nauseam* with theories of diphtheria, and the dispute as to whether it and croup are identical diseases has become a bore. We would move that any further discussion of the latter question, until such time, at least, as some new light is shed on the subject, be rigidly excluded both from medical journals and medical societies. Let each possess himself of what has been offered by way both of establishing and refuting the identity of the diseases, and draw his own conclusions, but as he respects his professional brethren and has a regard for their mental quiet and happiness, let him keep these conclusions forever buried in the secret recesses of his own bosom.

The question of the treatment of diphtheria is, however, by no means threadbare as yet. Much yet remains to be done in reducing the fatality of the disease, and any new views to this end are always in order. The plan recommended by Dr. Thomas Gurney, Senior Physician to the London City Dispensary, is one which, in our opinion, deserves especial mention. Dr. Gurney's experience has been large, and the results of that experience are entitled to consideration.

The questions which meet one in treating a case of diphtheria are, How does the disease tend to kill the patient? and, How does nature endeavor to rid herself of the disease? These questions, of course, arise also in treating all diseases. Diphtheria tends to kill by suffocation and by its poison exhausting the vital energy. Suffocation may be either accidental or as a natural result of the throat affection—accidental if, when the membrane is thrown off it becomes lodged in the pharynx; natural if the swelling inside is sufficient to shut off the supply of air of the lungs. Nature will conquer if the patient's strength be kept up and the deposit arrested. Treat-

ment to be effective must be directed to aiding nature in this direction. Nutritious diet and supporting medicines are our measures for keeping up the strength. The means for arresting the deposit are not so clear. Dr. Gurney has adopted a respirator to this end. It is made of the usual shape and size, the front being minutely perforated. Inside the respirator he has inserted two or three perforated plates, between which is placed common tow (not cotton wool); he then drops on each of the layers of tow ten to twenty drops of a solution of carbolic acid, creosote and glycerine. Should the patient tire of these he uses turpentine or iodine. The respirator is placed over the mouth and kept constantly applied. The next point is to provide warm air. To do this two kettles of water are kept boiling on the fire; attached to the spouts of the kettles he has an elastic tube of an inch calibre, at the end of which is a spray-like nozzle, which is put immediately under the mouth of the patient. By this means the disinfectant is carried moist to the throat. It also proves an efficient sedative to the pain. An active purge given at the commencement of treatment is enjoined. Internally aconite is given in frequent small doses—two to four minims of the tincture. The strength is supported with milk, cream and eggs, with or without brandy, and beef tea *ad libitum*. Chlorate of potash is also recommended in large doses, in solution. Dr. Gurney has found this salt highly beneficial in all cases of a low typhoid character.

Domestic Thermometry.

The tendency of a specialist is to become a hobbyist. A long course of study devoted to a special subject naturally tends to the student's placing a comparatively too great importance on that subject. In the case of the human body this devotion to the study of any particular part of it is characterized by the tendency which obtains in the case of subjects not medical in their nature, with this difference, however, that the evils of one-sidedness in matters affecting the health of the body are the more serious in their consequences. In the intimate concatenation existing in the living body no organ liveth to itself, neither dieth to itself. The human body is not an orrery the centre of which is any particular organ around which all the others revolve. If the whole were an eye where were the hearing? If the whole were a uterus where were the digestion? If the whole were an umbilicus where were the appendix vermiformis?

The inevitable tendency of specialism is observable in a little book by Dr. Seguin, lately published. Dr. Seguin, it may be known, is a thermometrician, and he quite naturally, from his long attention to the little glass tube, has come to regard it as an instrument of unwonted importance in medicine. Like M. Littré, of the *Institute de France*, M. Seguin says in effect, "Let us educate women in the arts secondary to ours, and particularly in the handling, recording, and intelligent reading of the medical thermometer; make them love, study and trust the little instrument, which, like the finger of the fairy tale, tells things that nobody can know otherwise." He is indignant because of the fact that our wives and sisters (and our cousins and our aunts) study Latin, algebra and trigonometry, and are taught how to look through telescopes, and to know the height of Chimborazo and the latitude of Pekin, but are left no time for the study of "the science which lays at the base of the true art of nursing the sick," to-wit, thermometry. He declares this state of affairs to be "a scandal and a shame," which language, by the bye, reminds us forcibly of that with which the Metric Bureau, of Boston, seeks to convince the profession of the beauties of the metric system.

Dr. Seguin would have a clinical thermometer in every household, so that the mother might be able to determine when it is necessary to send for the doctor. He would have the ordinary degrees left off and the temperature of health indicated by a 0. From this starting point he would move up and down as follows:

Degrees above.	7	No recovery.
	6	Generally death.
	5	Often fatal.
	4	High fever.
	3	Considerable fever.
	2½	Moderate fever.
	1½	Slightly feverish.
	0	Normal standard of health.
Degrees below.	½	Sub-normal.
	1	Depression.
	2	Collapse.
	3	Serious collapse.
	4	Great danger.
	5	None known to recover, except in cholera.

With a little glass tube of this nature the average mother is expected to know precisely when baby is is in need of attention. It only remains to have the tube attached to a chart on which shall be printed, opposite each degree indicated on the glass, the remedy to be given. Thus:

Give nothing—bound to die	7 6
Give ice bath	5
Give gelseminum (large dose)	4
Give gelseminum (small dose)	3
Give liq. ammon. acetatis	2½
Give potass. bitartratis	1½
Give nothing	0
Give warm drinks	½
Give ginger tea	1
Give capsicum	2
Give cantharides and apply external heat	3
Give nothing—bound to die	4 5

The beauties of such a tube and chart must be apparent at first glance. Inasmuch, also, as our friends the homœopaths make it a point to indoctrinate their patrons into the mysteries of similia, etc., why should not we see them and go them one better?

A Digital Nose or a Nasal Digit—Which?

Whether for physiological or cosmetic reasons a man's nose is a very important feature in his physiognomy. It is, moreover, a feature of such prominence that it is more prone to injury from coming in contact with external force than any other portion of the human anatomy.

A man in New York, when he was a boy, was of a pugnacious disposition, and as a consequence his nose came in frequent contact with fists, sticks, and

other weapons of offence. The severe bruising caused by such treatment is supposed to have been the inception of a lupoid affection which was checked in its ravages only after it had eaten away the much abused member. The absence of the proboscis did not improve his appearance, and the beauty of his face not being heightened by the ectropion caused by the contraction of the cicatrix, it was only natural that he should be desirous of calling in art to supply the hiatus. The usual methods of rhinoplasty seemed to offer no encouragement, because of the extensive destruction of tissue, and a novel expedient was adopted by Dr. Sabine, of Bellevue Hospital, under whose treatment the patient had been placed:

The middle finger of the patient's left hand having been frozen by inserting it into a frigorific mixture of ice and salt, was deprived of its nail, the matrix being destroyed by cauterization. At a subsequent period, the patient being anæsthetized, an incision was made in the palmar surface of the finger and the skin dissected back on either side. The edges of the nasal opening having been bared, the edges of the skin of the finger were brought in apposition with them and retained by sutures. The operation was a tedious one, and laryngotomy was found necessary in order to save the patient from suffocation, caused by the flow of blood from the nares into the larynx. After the parts were united by suture, the arm was immovably fixed to the body by means of plaster of Paris bandages. The union of the parts has been progressing quite satisfactorily since the operation, and it is intended when it has become complete to amputate the finger at the second joint and to do such trimming as may be necessary to make a passable nose. In order to overcome the ginglymoid motion of the first joint, a motion which, though perfectly proper in a finger, would be rather out of place in a nose, the articulation will be anchylosed.

Altogether the operation is a novel one, and the new nose will be an object of much interest.

Nursing Schools.

The establishment of several schools, in New York and Philadelphia, for the training of nurses, is a move in the line of progress, and a desideratum in our system of medical education. The importance of proper nursing is scarcely less than that of proper medical treatment, and doubtless the mortality rate is materially augmented each year and physicians correspondingly brought into disrepute by the lack of intelligence, and by other incompetency, of the many well meaning but misguided people who, either voluntarily or for hire, take upon themselves the responsible duties of the nurse. An intelligent, experienced nurse is a boon which only the medical practitioner knows how to appreciate; but one which he but seldom meets. Nor is this incompetency on the part of nurses confined to private practice; it extends to institutions from which better things are expected—to many of our large hospitals. The position of nurse is regarded too much in the light of menial service, and one which people of refinement, outside of those noble religious orders which so adorn humanity, are very loath to accept. In consequence of this the class of people who engage as nurses at hospitals are, as a rule, of those who consider themselves bountifully rewarded by the wages paid at such institutions. By a proper system of education the position of nurse might be raised to such a degree of respectability as would make it sought for by a class of people who would both do it honor and discharge its responsible duties in a manner acceptable to the physician and to the benefit of the patient. A corps of such trained nurses would, we think, meet with lucrative employment in any of our large cities, and we sincerely hope that the movement of the training schools referred to will result, in time, in the organization of many such corps.

Miscellany.

Medical Periodicals.—A correspondent of the *Southern Practitioner* has been flattering that very estimable journal, and suggests to it as a reason for self-gratulation the fact that it offers 412 pages of reading matter for $1.00, and that in so doing it gives the most material for the money of any other medical journal in the country. He enumerates thirty of the journals published and among them mentions the Michigan Medical News, placing it on the basis of 1879, twelve pages in each issue, or 288 pages in the volume. *The Practitioner* furnished 412 pages for 1879 and the News 288 pages, both being $1.00 journals. In estimating the comparative sizes of a book something more than the number of pages should be considered ; the size of the page is quite an important feature, as are also the size of the type, and the fact whether the type is leaded or not. Measured as a printer, and not as a physician, would measure the two journals, the News of 1879, even, supplied over twice the amount of reading furnished by *The Practitioner*—furnishing 100,000 ems against *The Practitioner's* 540,000 ems. For 1880 the News with its sixteen pages of each issue will furnish 1,500,000 ems—nearly three times the amount of reading matter furnished by *The Practitioner*, and for the same money.

To say nothing of the quality of the material furnished, the News is by actual measurement the cheapest medical journal published either in America or any other country. It is a source of surprise to many that we are able for so small a subscription price to supply a journal of such size and quality. Suffice it to say that the margin of profit on each subscriber is small, and with a subscription list as small as that of nineteen-twentieths of our contemporaries, it would not pay us to conduct the journal. The News is not run for mere pleasure, or to gratify some local pride, as the mouthpiece of some faction, or as the organ through which to sound the praises of some college. It is run for a profit, and it is with no little pleasure that we are able to announce that the

profession are contributing handsomely to this profit. The NEWS is now only in its third volume and already, with but two possible exceptions, its subscription list is larger than that of any medical journal published in this country. In another year should its list continue to grow as it is still growing, it will lead all others in point of circulation.

BLACK ARTS IN MEDICINE.—A correspondent of the *Medical Record* calls attention to a work with this title, written years ago by John D. Jackson, M. D., of Danville, Ky. With the mutations of time there are no changes in human nature. "Ways that are dark and tricks that are vain" are not peculiar to these latter days. They existed even when we existed only in the great womb of the past.

"One of the common stock ways among the pushing fellows of the cities nowadays is to be in league with certain newspapers, and, too, by skillful management, frequently have their names in their local and personal columns; for instance, if you were called to an accident, you would manage to get it into the next day's paper, have it reported how the very skillful and popular Dr. J. Charlatan Greene was called in, and how much he seemed to sympathize with the poor sufferer, and with what skill he dressed the wounds, and what he said about the case, and here, if you throw in as many high-sounding technical phrases as possible, it will tell, for the less the public understand them, the more credit will they give you for wisdom and learning.

> 'For the dull world most honors pay to those,
> Who on their understandings most impose.'

But in the whirl and turmoil of a great city, once will not do to be spoken of, but keep your name before the public until, like that of Helmbold, John Bull, and other .... advertisers, the people will at last get it imprinted on their minds simply for the much seeing of it. I have known an instance or two where doctors were supposed to have driven over children in the streets in order to get their names in the papers in connection with the accident. I have heard it said of one very sharp fellow, that when his name had been too long absent from the public gaze, as he thought, he would lose his dog, and then advertise his dog, in connection with his name, in large capitals.

"Joining some church or other is another investment frequently made. Should you do this, pick out the most popular one with the fewest doctors in it. I have known some before now to change their church once or twice, hunting for the one, attachment to which would pay best. The old trick of being called out of church in the midst of the sermon is a very good one, which you might have repeated tolerably frequently—the old ladies will always notice it, and talk some about it after the service, and will be more apt to recollect you when they have a sickness at home. Always go into church late, when everybody is seated; you will thus be sure to be noticed by the congregation, and if you don't have a confederate to call you out during the preaching, you can leave just at its conclusion, as if compelled to hurry away on account of the urgency of your business. Standing in the doorway of the church, or just outside, and bowing to and shaking hands with as many of the congregation who pass out as you can, is also very profitable in its way. It is a gentle intimation to the congregation that you are their representative in physic, and that it is their doctrinal duty to employ you. Your politics you may make equally subservient to your ends as your religion; these are the days men trade in both. . . . . When you have attended a case, and it has recovered by virtue of your treatment, or in spite of it, don't omit any opportunity of reminding your late patient and his friends of the fact, enjoining upon them the propriety of always remembering the bridge which has carried him over safely. When a man has employed you once, try to impress him with the idea that you have personal property in him, and that you shall be justly incensed if ever he shall change you for anybody else. On at any time learning that he has employed another doctor, go to him and ask him why he has ceased to employ you, and tell him that your feelings are hurt."

MEDICINE MEN.—Dr. Gihon, in his admirable essay upon Naval Hygiene, says that "The real character and mission of the physcian have not been recognized. He is regarded solely as a *medicine man*, and there is a general rebellion against his authority when he prescribes to the well what they shall eat and drink; how they shall live, dress and sleep; how their houses should be built, their lands tilled, and their food cooked. The public mind does not rise to the comprehension of the extent of province of our great profession. The scientific medical man is at most regarded as an "allopath," a sectarian amid globulistic and rational homeopaths, Thomsonians, and Swedish-movement curers."

This is as undoubtedly true as it is well said; and the question arises, How are matters to be changed? We fear never, until some radical alteration is made in the constitution of humanity, and not a little in that of the profession itself. The mass of doctors who are supposed to belong to the "scientific school" are in fact nothing but "medicine men." They are so primarily, we suppose, because they recognize the fact that the world wants them to be medicine men; and secondarily, because they are cast in the same mold as is the world to which they minister. The naval surgeons of the United States are as a class highly educated men, and selected for their positions after a most rigid examination. The majority of them—we dare to say not all of them—will rise far above the status which Dr. Gihon says the world has fixed for doctors in general; but if this gentleman will mix much with the seventy-five thousand who practice our art ashore in the Union—and indeed generally with those who practice it elsewhere—he will find that the vast majority of this number is formed of decided men of medicine, and the world is not far wrong in its estimate. Many of the best of us, says Mr. Buckle, a not very unastute observer,

are devoting our lives to matters in which any intelligent nurse would be our equal.

We are always disposed to take the best view of things, and to ruffle ourselves as little as possible over the inevitable. We rejoice at the advanced and advancing position of sanitary science, and trust the day is not far distant when hygienists will be agreed between themselves upon what they want, and will arrive at our faith in fresh air, sewerage, and general cleanliness. We rejoice at the advancing standard of medical education and the diffusion of popular knowledge, and all that sort of thing; but we don't believe we are ever going to reach the day when the doctor is to be supplanted by the hygienist; nay more, when the hygienic element in his constitution is to preponderate over that which is medical. The people are going to have medicine, and they are going to find those who will give them medicine. It is all very to tell a sick man to have his windows open his sheets aired, but he will run a short career in practice who stops at that. And after all we do not see anything so terrible in a belief in drugs. We have observed before that certainly we have evidence that they do good under certain conditions, and even we doctors prescribe them in full faith. Why not, then, should the people take them in confidence and ask for more. No, indeed. Because we believe in preventive medicine we are not going to let go our hold on that which is curative. At any rate, if the dear people wish to be drugged, we should say, dose them to their stomach's content.—*Louisville Medical News.*

Social Position of Doctors.—The recent remarks of Dr. Fothergill on the social status of the English profession have called forth quite a number of comments, the tenor of which is that Dr. F.'s assertions are not borne out by the facts. The *Medical Record*, in referring to the question which has of late so agitated the British professional mind, let drop a remark which may, we fear, start a general discussion of it in this country. It says: "The social position of the doctor in this country is not, on the whole, a very high one, because the individual doctor has not the means, and often, it must be confessed, not the education or taste, to make it such." Already that Nestor of American medicine, Dr. S. D. Gross, has entered the field with a three-column article to combat the charge, and with such a beginning there is no telling where the end will be. Dr. Gross gives many notable examples of the high social standing of individual physicians, and closes his letter with the following, which will certainly bear quotation:

"Every man holds his social position in his own hand; if it be not his birthright, he can, if he choose, or is worth anything at all, gradually attain it, despite the misfortunes of circumstances. The requirement for admission into society in Philadelphia is said to be family, or blue blood; in New York wealth or money; in Boston literature or mental culture. This may be so, but it is so only in a certain degree, and these landmarks are rapidly becoming merged into one another. Character alone should be the test of social distinction in a truly civilized country.

I cannot agree with you when you say that social position is not a thing for which men should struggle. I cannot see how this can interfere with a physician's usefulness. On the contrary, I regard it as one of the highest and most sacred duties of the medical man to cultivate the graces and amenities of social life. It is the absence of this quality that lowers the profession so much in public estimation, and reduces it to the level of the more ordinary pursuits of life, as illustrated in the conduct of the mechanic, the tradesman, and even the common laborer. No, no; let the medical man aspire to be a refined and cultured gentleman, and do all he can to adorn the higher walks of life, for just in proportion as he does this will he be respected by the community, and add to the respect and dignity of his profession."

United States Postal Law.—We would direct attention to the following selection from the law regulating certain relations obtaining between the publisher of a journal and those who read it. Fortunately we have but few on our list whose especial attention we would ask to this matter. These few are those who have not yet favored us with their remittances for the current volume. We shall be pleased to hear from these gentlemen at their earliest convenience.

1. A postmaster is required to give notice *by letter* (returning a paper does not answer the law) when a subscriber does not take his paper out of the office, and state the reasons for its not being taken. Any neglect to do so makes the postmaster *responsible* to the publishers for payment.

2. Any person who takes a paper from the post-office, whether directed to his name or another, or whether he has subscribed or not, is responsible for the pay.

3. If a person orders his paper discontinued, he must pay all arrearages, or the publisher may continue to send it until payment is made, and collect the whole amount, *whether it be taken from the office or not.* There can be no legal discontinuance until the pay ment is made.

4. If the subscriber orders his paper to be stopped at a certain time, and the publisher continues to send, the subscriber is bound to pay for it *if he takes it out of the post-office.* The law proceeds upon the ground that a man must pay for what he uses.

5. The courts have decided that refusing to take a newspaper and periodicals from the post-office, or removing and leaving them uncalled for, is *prima facie* evidence of intentional fraud.

On the printed addresses of the News will be found indicated the date up to which the party receiving the number has paid. We would remind the few whose wrappers still bear the legend "Jan. 80," that it will be in order for them to remit $1.00, on the receipt of which the figure "1" will be substituted for the cipher.

MORPHIA HYPODERMICALLY.—Dr. H. H. Kane, whose book on hypodermic injection of morphia, we notice elsewhere in this number, with a view to shedding light on certain points not yet quite clear, requests answers to the following questions :

1. In how many cases of delirium tremens, in what doses and with what result have you used morphia hypodermically ?

2. Have you used the drug in this manner in acute inflammatory affections of the respiratory organs, and with what result ?

3. Have you used it in acute or chronic renal disease, and with what result ?

4. Do you know of any deaths due to the subcutaneous injection of morphia ? If an autopsy was held, please state the result.

5. Have you had any serious cases of narcotism from the use of morphia in this manner ? If so, please state the condition of the pupils, number of the respirations and pulsations, the amount of morphia used; whether there was any known organic disease, and whether there was any opium idiosyncrasy.

6. Have you had any cases where the drug was thrown directly into the blood ? What were the symptoms and what the treatment ?

7. In what diseases have you used this method of administering morphia, and with what results ?

All communications, it is promised, will be considered strictly confidential, and the reporter's name will not be mentioned when a request to that effect is made. In view of the outcome of the questions propounded by Dr. Kane on a previous occasion, our readers will be encouraged to render him such assistance as a full answer to these questions will give.

Address 366 Bleecker street, New York City.

WHY WE CRY.—It is popularly regarded as a sign of weakness to cry, and *per contra*, as a sign of bravery and fortitude to bear pain without a murmur. There is something grand in the sight of poignant suffering borne without complaint but the exhibition is given at the expense of the sufferers. There is no doubt that the moan is a vent to pent up agony, and that it relieves very materially severe pain. It has been maintained, with what truth we, however, do not know, that those patients recover more rapidly after injuries or operations, who give way in the natural manner to their natural feelings. An instance is recorded in which a man by giving vent to his emotions reduced the pulse which under the tension had reached 126, to 60 in a few hours. If the theory is a correct one its practical bearing is important. In the case of children it is not proper to endeavor to restrain by motives of fear, the crying which expresses pain. We have known children to be whipped inordinately for some offense, and then whipped to compel a suppression of the cry which is nature's method of expressing the fact that the end for which the castigation is administered, intense smarting, is achieved. Such treatment of children is not only brutal but in contravention of all physiological law. If the child must be whipped, which is often a necessity, let it give vent to the feelings which if pent up may work mischief irreparable. Its nervous organization is a delicate one it cannot be trifled with with impunity.

HEALTHY EXERCISE FOR GIRLS.—An exchange says: "The present is a specially suitable time to urge upon parents and managers of schools the absolute necessity of regulated physical exercise for girls. With this, health will not be sacrificed, even by the claims of increased study. There is no fear that healthy exercise will make girls 'unladylike.' It is not so long ago as to be beyond the recollection of middle aged people, that there was a time when a certain amount of chronic illness was considered ladylike. To be obliged to lie down for part of every day, to be incapable of any but very slight muscular exertion, to be liable to fainting fits and hysterical attacks with any or with no sufficient cause—all these were thought to be marks of delicacy then deemed proper to be possessed by a lady. Fortunately this state of things has now passed away. Ladies who can walk well and enjoy their walks, and who are active, strong and healthful, are not uncommon among us, and healthiness is a standard largely recognized as one to be aimed at." One would almost believe, on looking out among the simpering misses and miserable weakly forms of our modern girls, that physical debility were even now at a premium, whereas let us see healthy, bouncing girls, with good digestion, hearty laugh, energetic and sprightly walk, and those who are never ill when they can help it, and then only for good reason. Such women we want to be the future mothers of our race, not miserable, dying, whining good-for nothings, whose whole body, soul and spirit are as abnormal as possible.

SIMS' SPECULUM ALWAYS AT HAND.—The *Chicago Medical Gazette* gives the following valuable piece of gynæcological information: "The index and middle fingers of the right hand may be used as a perineal retractor in place of the ordinary Sims' speculum. They may be introduced with the patient in Sim's latero-prone position, the operator standing back of the patient, on the side of the table, in exactly the position of the assistant who holds the speculum in the ordinary way. In this manner the cervix and vagina may be exposed almost as well as by the speculum. This method of exposing the parts may be of great use when a speculum is needed and not accessible, in the application, for instance, of the tampon in sudden cases of hæmorrhage, or in consultations at a distance, when for reasons not anticipated, it becomes necessary to examine the pelvic organs.

PLEASURE AND BUSINESS.—Lady—"A pretty sight, isn't it, doctor ? I don't see any of your little ones here ! I hope you don't disapprove of juvenile parties ?" Dr. Littletums (famous for his diagnosis of infantile disease)—"I, my dear madam ! On the contrary—I live by them !"

The following graphic description of a dispensary clinic held in this city, is from the pen of a reporter connected with one of our city papers: "The amount of gore shed in this room during the week is prodigious. There is a strange looking, dwarfed janitor, whose sole business is to tend the ampitheatre, sweep up the hair and teeth and fragments of flesh which fall on the floor, mop up the blood and gore from some particularly interesting case, and carry off the amputated legs and arms and tumors and chunks of decayed mortality to be buried in the earth or pickled as souvenirs by ambitious students in the graduating class."

The following is recommended as a cure for sleeplessness: "Wet half a towel, apply it to the back of the neck, pressing it upward toward the base of the brain, and fasten the dry half of the towel over so as to prevent the too rapid exhalation. The effect is prompt and charming, cooling the brain and inducing calmer, sweeter sleep than any narcotic. Warm water may be used, though most persons prefer cold. To those who suffer from over-excitement of the brain, whether the result of brain work or pressing anxiety, this simple remedy has proved an especial boon."

Henry C. Lea, the publisher, has given over the publication of the *American Journal of the Medical Sciences* and the *Medical News and Abstract* to the firm of Henry C. Lea's Son & Co. The new firm is the direct lineal descendant of the Matthew Carey, who a hundred years ago founded the well-known publishing house. Mr. Henry C. Lea retires from the journals at the close of his thirty-seventh year of personal connection with them. In doing so he has the satisfaction of knowing that at no time in the fifty years of their existence have they stood higher in professional esteem.

A physician wrote on a prescription for a foreign patient, "One pill to be taken three times a day in any convenient vehicle." "Vehicle" was a word which the patient did not understand, and on consulting a dictionary, found it to mean "cart, wagon, carriage, buggy, wheelbarrow." He therefore concluded that the doctor intended that he should ride out and while in the vehicle swallow the pill. This he did to the letter, and the fresh air, exercise and pills combined, brought the relief which either taken alone might not have done.

Punch's nonsense not unfrequently conveys a moral which could hardly be enforced more effectively in a sober disquisition; and the following may suggest a good lesson to the medical practitioners:

PATIENT.—"Do you mean to say my complaint is a dangerous one?"

DOCTOR.—"A very dangerous one, my dear friend. Still, people have been known to recover from it; so you must not give up all hope. But recollect one thing: your only chance is to keep in a cheerful frame of mind, and avoid anything like a depression of spirits!"

The *Scientific American* says: A five cent nickle measures in diameter two *centimeters*, and weighs five *grammes*. Five of them placed in a row measure a *decimeter*, and two weigh a dekagramme. As a *kiloliter* is a *cubic meter* the key to the measure of length is the key to the measure of capacity. Any person, therefore, who is fortunate enough to own a five cent nickle may carry in his pocket the entire metric system of weights and measures.

The *North American Review*, for April, has for its leading article a paper entitled "McClellan's Last Service to the Republic," which covers the whole period of McClellan's military career, from the flank movement to the James to the battle of Antietam. Sir Francis Hincks contributes a paper on the "Relations of Canada with the United States." The Rev. David Swing writes about "The Failure of the Southern pulpit." The discussion of the Third Term question, begun in the February number of the *Review*, is continued in the present number by the Hon. George S. Boutwell. Charles Stewart Parnell sets forth the reforms in the laws of land tenure which are advocated by himself and his political associates, under the heading "The Irish Land Question." The Book Notices are by Mr. Edward Cary.

There is no telling what the ignorance, boldness, and complete self-possession of an impostor will do towards inspiring confidence among unthinking people, and there is no accounting for the mania with which people thirst after humbugs and deceptions. The truth is far too tame and uninteresting for most people—in order to be fascinated they must be led on by fiction.—*Cincinnati Lancet and Clinic.*

The efforts of Bergh, the "philotherian," (a new word compounded by the *Medical and Surgical Reporter*) to put a stop to vivisection, have met with inglorious defeat. The special committee of the New York legislature, to whom his bill was referred, referred it back promptly and adversely.

The sixth decennial convention for revising the U. S. Pharmacopœia will meet at Washington, D. C., on the first Wednesday of May next.

Book Notices.

THE HYPODERMIC INJECTION OF MORPHIA, ITS HISTORY, ADVANTAGES AND DANGERS. Based upon the Experience of 360 Physicians. By H. H. Kane, M. D., New York. New York: Charles L. Bermingham & Co., 1260 Broadway.

Our readers will recall the list of questions published in Vol. II, No. 16 of the NEWS. These questions were also published in the various medical journals of the country, and on the 360 replies which they elicited Dr. Kane has based the book before us. The manner of its preparation guarantees its practical nature. We can lend our hearty endorsement to this method of book-making. By it the vast amount of theorizing which is so often inserted for no better purpose than to make the book number a given number of pages, is avoided. Too many of our books are largely but reprints of what has before appeared in some slightly different shape. Dr. Kane's little book is not entirely free from this objection, but for its size it contains a much larger proportion of what may be properly called original mat-

ter than is usually the case. The conclusions to which the book leads, are: That the hypodermic syringe is too frequently employed, being often used when the medicine might with equal efficacy be given by the mouth; that while morphia may with advantage be administered hypodermically in a great variety of diseases, the most marked curative effects of this method of using it are noticeable in epilepsy, idiopathic tetanus and neuralgia; that the danger of administering narcotics hypodermically, as compared with those attending the old time method are greater, and that the benefits secured by this method are rapidity of action, increased force of action, direct benefit of localization and minimum effect on the functions of the alimentary canal. All the methods meeting the accidents liable to occur are fully discussed, and the necessity of employing all these and not trusting to atropia alone insisted on. The book is a valuable addition to the literature on the subject of hypodermic medication.

The Therapeutics of Gynæcology and Obstetrics. Edited by William B. Atkinson, A. M., M. D.
Philadelphia: D. G. Brinton, 115 South Seventh Street.

This book is the third volume of the series of "Modern Therapeutics," by George H. Napheys. Its predecessors, "Medical Therapeutics" and "Surgical Therapeutics" have been before the profession for some time, and their very practical nature, they being the compilations from the experiences of reliable practitioners, has commended them very highly to the profession. We have little doubt that those who may have possessed themselves of the volumes of the series already published, will, when informed that the work before us is constructed on the same plan, add it to their libraries. Dr. Napheys having died before the book was completed, Dr. Wm. B. Atkinson undertook the task of editing and preparing the material on hand at the time of Dr. Naphey's death. The editor has also from his large experience and that close connection with the profession which his position as Secretary of the American Medical Association secures, been able to largely supplement Dr. Napheys' labors. Divested as it is of all that not strictly practical, containing such information as is of every day requirement, and containing no useless verbiage, the book is one which the general practitioner, particularly, will find of great assistance.

Transactions of the Tenth Annual Session Medical Society of Virginia, 1879.

This neat volume of over 150 pages furnishes satisfactory evidence that the profession of Virginia is alive and fully abreast of the times. It contains besides the usual President's address, and reports on practice, chemistry, hygiene, obstetrics, etc., a number of valuable papers among which may be specially mentioned one by Dr. H. P. C. Wilson on Paquelin's Thermo-cautery with Wilson's Anti-thermic Shield, in epithelioma of the cervix uteri; and one by Dr. J. Marion Sims on Diagnosis of Abscess of the Liver by Symptoms of Cerebral Hyperæmia, with some remarks on Treatment of Hepatic Abscess by Aspiration. The Secretary of the Society is Dr. Landon B. Edwards, of the *Virginia Medical Monthly*, and he has done his part in just such a manner as we had reason to expect of him.

Sore Throat, Its Nature, Varieties and Treatment; including the connection between affections of the Throat and other Diseases. By Prosser James, M. D., Physician to the Hospital for Diseases of the Throat and Chest, London, etc. Fourth edition, illustrated with hand-colored plates.
Philadelphia: Lindsay & Blakiston. Detroit: E. B. Smith & Co.

The first edition of this little work appeared in 1860, and was for several years the only English book on the Laryngoscope. The fact that it has passed through four editions since it was first issued, and that the third edition was sold in little more than three months, attest the value of the book. In the edition before us all of the affections to which the throat is subject are concisely and yet exhaustively discussed—catarrh, congestion and inflammation, aphtha, thrush or millet; relaxed sore throat; dry sore throat; clergymen's or follicular sore throat; phlegmonous sore throat; exudative sore throat; including croup and diphtheria; specific sore throat, etc. The inevitable subject of the difference, or similarity, between diphtheria and croup comes in for a notice, the author inclining to the opinion that the affections are not identical, and that although "we cannot point to any anatomical difference between croup and diphtheria, the two affections form sufficiently clear clinical groups to warrant us in speaking of each separately." The identity of the two diseaases has long been a common tenet in France, although largely disputed in England and Germany.

The book contains in small volume all essential knowledge of throat affections.

The Hair: Its Growth, Care, Diseases and Treatment. By C. Henri Leonard, M. A., M. D., Professor of Medical and Surgical Diseases of Women and Clinical Gynæcology, in the Michigan College of Medicine, etc., Detroit, Michigan. Illustrated by 116 engravings; pp. 312.

As far as we are aware until the appearance of this book the hair had no special treatise devoted to it, in the English language at least. For this reason, among others, Dr. Leonard's work has been awaited with some interest since it was first known that he had it under way.

A perusal of the work agreeably surprised us. We had not expected such a full and comprehensive treatment of a subject generally regarded as of so small a degree of interest. The author commences with a consideration of the chemistry, anatomy and physiology of the hair and follicles. Of the twenty-seven chapters which follow this, those of the most practical interest are those devoted to the hygienic treatment of the hair; to the different method of artificial coloring, to diseases of the scalp and their treatment, and to parasitic diseases affecting the hair and their treatment. The therapeutics are peculiarly interesting, being made up of formulæ of tried value, and the result of the author's experience. The book being intended for popular, as well as professional reading, is written in a style adapted to that

end. Its mechanical execution is simply beautiful, and as its price is only $2.00, we predict for it a large sale.

A Practical Treatise on Nernous Exhaustion (Neurasthethenia), Its Symptoms, Nature, Sequences and Treatment. By George M. Beard, A. M., M. D.
New Yor: Wm. Wood & Co. Detroit, E. B. Smith & Co.

The subject of neurasthenia has latterly been forcing itself upon the attention of the American profession, which seems but of comparatively recent date to have become aroused to the necessity of devoting special study to it. The excitement of American life, particularly in our large cities, with its business prosperity and reverses, its eager rush for gain, its feverish anxiety for the outcome of speculations, its irregular hours, and it its lack of freedom from care which should be banished from domestic life, has developed a nervous condition peculiar to this country. This condition is described under the name neurasthenia, a functional affection of the nervous system, characterized by exhaustion and irritability, the term "functional" being used, as it is in many other affections, to cover up our ignorance of the exact pathological conditions which obtain. In treating cases of this nature the general practitioner often feels the want of that assistance which he is wont to find in his books. In presenting this book, therefore, Dr. Beard has done a good work.

We are not prepared to criticise the book, the affection discussed being one on which we, in common with practitioners generally, feel our want of light. This much, however, we do know, that Dr. Beard's acknowledged eminence as a neurologist peculiarly fits him for the work he has undertaken. The style of the book is easy and entertaining.

Pamphlets Received.

A Plea for Cold Climates in the Treatment of Pulmonary Consumption. Minnesota as a Health Resort. By Talbot Jones, M. D., St. Paul, Minn. Reprint from the New York Medical Journal.

Twelfth Annual Report of the New York Orthopœdic Dispensary and Hospital (for Children with Spine and Hip Diseases.)

Researches on Hearing Through the Medium of the Teeth and Cranial Bones. By Charles Hermon Thomas, M. D.. Reprint from the Philadelphia Medical Times.

Physicians' Commissions. A Reply to an Editorial on the Subject by the Western Lancet. By Emlene Painter, Ph. G., San Francisco, Cal.

The Fallacies of Popular Clinical Medicine. By Jarvis S. Wight, M. D., Professor of Surgery. An Introductory Lecture, delivered at the Long Island College Hospital, Brooklyn, N. Y. Published by G. P. Putnam's Sons, 182 Fifth Avenue, N. Y.

A Rare Case of Peri-Neuritis. By F. F. Dickman, M.D. of Fort Scott, Kansas. Reprint from St. Louis Medical and Surgical Journal.

The Galvano-Cautery as a Therapeutic Measure in Chro-Nasal and Naso-Pharyngeal Catarrh. By E. L. Shuly, M. D., Detroit, Mich. Reprint from St. Louis Medical and Surgical Journal.

Popular Treatment of Intestinal Colic and Ileus; With a Consideration of the Pathology of "Spasmodic Colic. By Frank H. Hamilton M. D., New York.

Clinical Notes Upon the Use of the Galvano-Cautery. By Wm. A. Byrd, M. D., etc., of Quincy Ill. Reprint from the Practitioner.

Strangulted Hernia, with Fecal Fistula, Treated by a New and Simple Enterotome and an Anaplastic Operation. By Wm. A. Byrd, M. D., of Quincy, Ill. Reprint from the Medical and Surgical Reporter.

Color-Blindness and Defective Sight Among Railroad Employes. By B. Joy Jeffries, M. D., Boston.

Original Articles.

Gynæcological Cases.

REPORTED BY O. E. HERRICK, M. D., GRAND RAPIDS, MICH.

Fistula in Ano Complicated with Fistula in Perineo, with Report of Operation.—I was called some time in the month of December last by Dr. Lacy, of Greenville, to see Mrs. P——, of Amsden, a patient of his, who was suffering from fistula *in ano*. Upon making an examination, I found a complete fistula opening into the bowel at about three inches above the sphincter, with the external opening about two inches to the right side of the anus. Just before operating upon this I noticed a pointing and discolored spot about midway between the anus and vulva and exactly in the mesial line. Upon examining it with the fingers I detected fluctuation, and concluded that there was a second opening into the bowel, and that this was the pointing of a blind internal fistula, and with the intention of converting it into the complete form I plunged my bistoury into it. Quite a quantity of dark grumous blood, with pus intermingled, escaped. After this was evacuated I introduced a probe, expecting that it would pass into the bowel, but instead it passed straight up the septum, between the vagina and rectum, for about five and a half inches, where it terminated in a blind pouch. It seemed, then, that this abscess was blind at both ends. However, I concluded to operate upon the first fistula, and after placing the woman in Sims' position (which, by the way, is much better than making the patient stoop over a bed or table, and far less humiliating to the feelings of the patient), I proceeded to operate in the usual manner, *i. e.*, by passing the finger into the rectum, while a strong, curved, probe-pointed bistoury was passed along the fistulous track until its point and the finger met in the rectum; I then cut outward, retaining the finger against the probe point of the bistoury, and divided all of the tissues within the concavity of the instrument. There was very little hæmorrhage, and what little there was soon yielded to the application of a sponge and cold water. I then determined to see what there was of the other fistulous tract, and introduced the forefinger of the left hand into the wound just made, while I passed a director up the other track of the septum; after quite a little manœuvering I succeeded in touching the director with the finger at about one-half the distance from the external opening, thus proving that both fistulas were produced from the one internal opening, which, after burrowing a little way, branched off in two separate fistulous tracks, one coming to the surface and the other going up the

septum, where ultimately it would either have gone into the vagina or peritoneal cavity.

There was a little question in my mind which was the proper course to pursue, attempt to heal that extensive fistulous track with injections, or to make the openinglarger with the knife, and thus stimulate the healing process. I adopted the latter course, and passed the knife to the end, where the fistula terminated in a blind pouch, and cut first towards the vagina through the structures for perhaps an inch; I then withdrew the knife, introduced it with the edge toward the rectum and divided the perineal structures in that direction for about the same distance. There was quite a little hæmorrhage following this, but was controlled by stuffing the wound moderately with lint moistened with solution of ferri per sulphate. Dr. Lacy, under whose care she has been since the operation, informs me that she is making a nice recovery. Her medical treatment has been ferruginous tonics, cod-liver oil and the hypophosphites. The wound has been treated by lightly packing with lint and by being washed out daily with a ten per cent. solution of carbolic acid. I report this case because of the unusual course of the fistulous track, and because of the good results following its being laid open, which, as an untried experiment, may be considered a questionable procedure.

Case of Uterine Fibroid under the Os and Behind the Posterior Vaginal Wall.—Mrs. M——, æt. 45 years. She had suffered for the last ten years with what had been variously called piles, displaced uterus, etc., by different physicians in attendance; and two years ago she visited Detroit and consulted Dr. Jenks, who, after a slight examination, pronounced it a case of contracted vagina brought on from long continued inflammation, and advised an operation. His opinion was also concurred in by Dr. Gundrum, of Ionia, who had once examined the case. The patient, however, declined the operation, as some irregular, whom she met in Detroit, had told her she could be cured by the internal administration of medicine. Had Dr. Jenks attempted the operation, he would undoubtedly have discovered the true condition, and, I have no doubt, changed his operation accordingly and relieved the patient.

Upon first introducing the finger into the vagina, it certainly had the appearance of a contracted vagina, as the finger came upon what appeared to be a constricted portion; and it was impossible to touch the os with the finger, and by introducing a speculum the os could be seen beyond the contracted, or what appeared to be the contracted, part. But by introducing the finger into the rectum the tumor could be distinctly felt, and it was that bulging into the vagina that gave it the appearance of being contracted. This tumor lifted up the os uteri and kept that organ in a constant state of retroversion, and by the pressure upon the bladder kept that organ constantly irritated, and there was consequently retention of urine, while both the fundus of the uterus and the tumor were constantly pressed against the rectum, producing constipation and great pain; this symptom was diagnosed and treated for piles by one or two physicians. She finally concluded that she was suffering from uterine displacement, and came to me to have me adjust one of my "Soft Rubber and Silver Wire Uterine Supporters." After examining the case I came to the above conclusion, and advised an operation, which I believed would be a slight one. She readily consented, and after putting her under the influence of an anæsthetic I proceeded to operate. The patient was placed in the position for lithotomy and the lips of the vulva were well held apart by a wire modification of Sims' speculum (which is self-retaining and is a very useful instrument in such cases). I then made an incision about an inch and a half long directly over the tumor where it bulged into the vagina, and came directly upon the tumor, quite firmly imbedded into the cellular tissue between the vagina and rectum, and attached to the cervix of the uterus at its upper portion. I carefully dissected it out, mostly with the handle of the scalpel; there was very little hæmorrhage, and the uterus was returned with little difficulty to its natural position and the wound in the vagina was closed with two interrupted sutures. The vagina was then packed lightly with lint saturated with carbolized oil, which was changed once a day for three days, at which time I removed the sutures, and she recovered without an untoward symptom. I adjusted one of my supporters to help sustain the uterus until the parts should recover their tonicity, which she wore for ten days more, when it was removed, and she now writes me that she is entirely well of her old trouble. The tumor, after it was removed, was about the size of a walnut, and was fibrous in character.

I know of but one other operation of this kind ever being performed, and that was by Dr. Van Derveer, Professor of Surgery in the Albany Medical College. He removed one similarly located only attached to the uterus higher up and weighing ten ounces, which he was forced to deliver from the vulva with obstetric forceps.

54 Monroe Street.

Pneumonitis.

BY DR. L. AUSTIN PORTER, GOSSETT, ILLS.

The object of this paper is not to question the almost universal orthodoxy of our leading medical authors as to the local or constitutional theory of this disease, nor to a great extent the theory of self-limitation, but only to present a treatment, new as combined, so far as I know, which in my hands has made me to doubt the theory of self-limitation. I have seen much written concerning ergot and aconite cutting short the attack of pneumonia when used separately. I have given each a fair trial, with but little encouragement. So I concluded to try them combined. I have never been discouraged since in the attempt to cut short this fever. To verify, I will give a clear case of pneumonia, which, I claim, must have been cut short. I was called the 20th of February last to see one R. G., male, 23 years old, of

sanguine temperament, good history, etc. He complained of oppression and pain in right side; said he was taken on the night of the 18th with a chill, followed by chilly sensation and pain in breast. Had taken pills and some quinine and Dover's powders. When I saw him his face was flushed, headache, restless, quick pulse, 130 to the minute, respiration increased, temperature 103° F., short cough with sputa slightly colored. Physical examination revealed congestion in lower lobe of right lung, entire; respiratory murmur completely absent. Prescribed

℞ Tinct. aconiti radicis..... gtts. xxxij.
Fluid ext. ergot..... ʒ jv.
Potassii brom..... ʒ j.
Aquæ puræ, q. s. to make... ℥ ij.

Sig. Teaspoonful every hour till four doses were taken, then every two hours till I called again.

21st. Found patient much quieter, much less oppression in breathing, cough not so frequent, sputa more rusty, not very abundant, temperature 100°, pulse 95, lung sound dull with little decrease in boundary. Ordered same treatment continued.

22d. Found patient much better. Temperature 99° F., pulse 80, cough occasionally; lung clearing up, dullness only in small space near center of lower lobe; feels nearly well. Ordered

℞ Tinct. gelsemii..... ʒ iij.
Spts. etheris nitrosi..... ʒ jv.
Aquæ puræ, q. s. ad.. ..... ℥ ij.

23d. Found patient feeling well; no pain; respiration, temperature and pulse normal. Dismissed patient.

The above I claim to be a better success in shortening the run of this fever than we can expect from a treatment of either separately, and far better than from the old line of treatment and far more pleasant.

Diphtheria in Western Michigan.

BY C. F. DIGHT, M. D., HOLTON, MICH.

The diphtheria which has been so prevalent in western Michigan during the past season differs in some respects from the disease as it usually presents itself. A post mortem examination held by me on Feb. 22d, revealed the following condition of the parts. I am led to submit my notes of the case from a desire to compare them with those of other physicians in whose practice this disease may have prevailed during the winter:

The post mortem examination showed the parotid and deep cervical glands and spleen enlarged to three or four times their normal size, and soft and friable. The deposit was of a dark, dirty brown color, consisting of curdled masses rather than a membrane, and filled up almost entirely the larynx, thus causing death.

It extended down the tracheal and bronchial tubes into the lungs. On the surface of the lungs were black elevations, about the size of a grape seed and perforated, having the appearance of a pustule, but colored with the coloring matter of the blood. The deposit followed down the lining membrane of the œsophagus as far as the stomach.

The mucous membrane of the upper part of the pharynx and about the opening of the Eustachian tubes was disintegrated and covered with a purulent discharge. No diphtheritic deposit could be seen on any of the parts above the larynx. When the deposit was scraped off the mucous membrane it left an apparently healthy surface.

Under the microscope the deposit was amorphous in appearance, with occasional fibrinous shreds. No pus corpuscles and very few epithelium scales. During the sickness there was great disposition to sleep. During the middle and last stages of the disease there were erythematous patches on extremities and trunk; also vesicular and pustular eruptions. An unusually offensive breath; swelling of eyelids and root of nose was great. The peculiar appearance of the deposit, its absence on parts above the larynx, the cutaneous eruption after the height of the febrile action was past, and the apparent healthy condition of the mucous membrane after the deposit was removed, constitute this an anomalous case.

Selections.

JAUNDICE, ITS SIGNIFICANCE AND DANGERS.—In a clinical lecture, reported in the *College and Clinical Record*, Dr. Roberts Bartholow made some instructive remarks on the subject of jaundice. The patient had had several attacks, and although at the time of the lecture there was no marked jaundice his face showed evidence of chronic biliary derangement.

"A passing attack of intense jaundice may depend upon very casual agencies, and, as a rule, indicates only a functional disturbance of the liver; but where the discoloration of the skin remains permanently, it indicates always a change in the structure of that organ. In some forms of biliary derangement, there may not be marked jaundice of the general surface, but only a fawn color of the skin; whereas most intense jaundice may be due to causes that are temporary, and fugitive in their character. The light fawn color, then, would indicate that the biliary trouble is structural and permanent, and not transitory.

The problem before us for solution in this patient is: What may be the disorder of the hepatic organs producing or accompanying these changes in the complexion, the urine, and the blood? The integument of this man's body, generally, has not the appearance of health, but is a dirty fawn color. Observe that it is not the dark-greenish and olive hue of jaundice, properly speaking. We have said that this indicates a degenerative change of the liver. How shall we account for it here? He has not been a hard drinker, but he has been a steady drinker for years, from day to day, and from year to year, although he is still a young man. The constant stimulation by alcohol has finally produced a condition of things of grave import.

His appetite is poor, he complains of indigestion and flatulence. He is restless at night. What is very significant, gentlemen, is that his stools are of the color of pine wood. A normal stool will not have this pine-wood color, but is of a dark-brown appearance, from the presence of bile. The clay-colored, or white stools, of hepatic disease, indicate that certain constituents of the bile are absent, which should normally pass into the dejections.

He says that some time ago the discharges were of a lead color, at which time we may assume that no bile whatever was present. What, then, becomes of bile pigment? We found it in the urine, being secreted or separated by the kidneys from the blood, where it had accumulated. This indicates that the the liver is so far at fault that it is not capable of performing its functions.

The habits of life of this man and the chronic indigestion have led to duodenal catarrh. This was followed by swelling of the mucous lining of the bile-ducts, which is continuous with that of the intestinal surface. First, we have simple catarrhal condition of the bile passages, and jaundice (catarrhal jaundice); secondly, we have the mucous inflammation and swelling preventing the exit of the bile, aud hence, interference with the function of the liver. What is the effect? In the light of the late investigations by Charcot and Legg, we know that this cannot continue for any length of time without the occurrence of organic change. His steady drinking, moreover, has favored contraction of the liver, which is demonstrated by physical examination; percussion shows that the liver is decidedly contracted, the area of dullness is reduced materially, and does not extend below the ribs.

A considerable part of the liver may be destroyed without fatally interfering with its functions. In this patient, if there be a sufficient quantity of healthy liver substance remaining to carry on the function of the organ, the interference of the morbid process being removed aud its progress arrested, we may succeed in restoring the man to comparative health.

The problem is to restore the production of bile, and to secure the discharge into the intestinal canal. How shall we proceed? What will arrest this overproduction of connective tissue, which is contracting upon the liver cells and causing their destruction? We have therapeutic agents that will do this. We may use the phosphates and phosphites, particularly the former, with a good prospect of success. The lacto-phosphate of lime and dilute phosphoric acid make a good combination. Indeed, the best, in view of its ready assimilation, is the phosphate of lime; but on account of its insoluble character, the question is how to introduce it into the system. When freshly prepared, it is soluble in lactic acid. In this form it is readily absorbed, and promotes digestion and assimilation. Phosphorus, you know, exerts an elective action upon the connective tissue of the liver; for in phosphorus poisoning we find the hepatic connective tissue in the state of fatty degeneration and destructive change. The metals, also, are generally thrown out by this channel, and in poisoning by the metallic salts, such as copper or antimony, the substance may be detected in this organ. In medico-legal cases, we always secure the liver, in order to examine it for poison. Arsenic particularly acts upon the hepatic structures, and after arsenical poisoning it may be detected in all the viscera, but is principally found in the liver. With this in view, he shall have two drops of Fowler's solution three times a day, given after meals:

℞ Syrup. calcii lacto-phosphatis - ʒ j
Liq. potassii arsenitis - - - ♏j
S. Ter in die.

We employ the arsenic in order to act upon the nutrition of the liver, and for its specific effect upon the connective tissue.

A most important part of the treatment in hepatic disorders is careful regulation of the diet. Here is the problem. Given a damaged liver, what shall be the alimentation in order to secure digestion and assimilation? Evidently his diet should mainly consist of such articles of food as do not require bile for their assimilation. Now, shall we direct him to eat fatty, saccharine, or starchy articles? If we understand anything whatever about the action of the different secretions upon the function of digestion in the upper portion of the small intestine, we know that the bile emulsifies fats and favors their absorption, it also prevents fermentation in the starchy and saccharine elements. We must therefore, give this patient substances that are converted into peptones in the stomach, and are thus readily absorbed. He shall have milk, fresh meat, eggs, and the succulent vegetables, such as contain but little sugar or starch (spinach, cabbage, cauliflower, etc.).

We will direct our patient to keep up the treatment systematically. It would be folly for him to expect that in a few days or weeks we shall be able to entirely restore him; especially if he disobey our instructions in regard to alcoholic drinks, which must be absolutely discontinued. Unless he faithfully carries out his treatment he will go on from bad to worse until the organ will be irretrievably damaged.

Chastant's Observations on Yellow Fever.—Dr. Alcée Chastant, of New Orleans, takes strong grounds against the germ theory of the origin of yellow fever. All investigations to discover the manner of its introduction into the large cities of Europe and the United States have failed, he says, with all the experience so far had, to establish definitely the real origin of the disease. Unless the microscope shall ultimately prove the contrary his opinion is that while the conditions which produce yellow fever can be known, the essential nature of its direct cause will ever remain a mystery. From a study of its geographical limits and its more or less irregular irruptions he thinks that its outbreaks must be some combination of meteorological and telluric conditions especially favorable to the development of the disease, such as a high temperature with dampness, conjointly with certain emanations from the earth.

Touching the character of the disease, Dr. Chastant's long experience warrants, he thinks, the opinion that each epidemic of yellow fever is of its own peculiar and special type, varying according to the locality and the influences which have been instrumental in bringing it about. The immediate cause of the disease is the introduction into the human organism of specific inorganic poison, which has never been chemically or microscopically demonstrated, a poison which develops under the influence of heat, moisture, and other favorable circumstances.

"Yellow fever is not imported, but is most certainly endemic. When, however, climatic and telluric conditions concur, and foreign cases are existing, it then spreads and becomes epidemic." Such epidemics cannot be prevented, but can be mitigated by general sanitary measures and precautions. He agrees with the late Dr. Warren Stone, in regarding the disease to be non-contagious, but taken from the atmosphere poisoned by telluric emanations. The germ theory he regards as not only unproved, but highly improbable. On several occasions, Dr. Chervin swallowed the matter of black vomit and suffered no harm. Neither did Dr. Guyon, at Martinique, from similar experiments. Dr. Firth inoculated dogs with the fresh matter, and subjected himself to the same operation. He applied the fluid to the surface of a cut made on his arm, and secured it there for two days by means of sticking plaster, and repeated the experiment above twenty times in various parts of his body. He inserted the matter in his eyes, and swallowed a large quantity of black vomit, pure and dilute, and no injurious effects ensued. Cats, dogs, and fowls were fed with it without sensible effects, and the fumes obtained by evaporating black vomit did not harm those who inhaled them. Such heroic experiments may not disprove the germ theory, but they certainly tell very strongly against it.

Sporadic cases of yellow fever, Dr. Chastant holds to be produced by natural causes, arising exclusively from the *eremacausis* which takes place in the filth of gutters, as well as on the immediate surface of the earth in certain localities, and these cases do not extend beyond the sphere of these causes. Although these natural causes, whenever they exist, help to increase the yellow fever, yet its epidemic feature arises from a more general law of the soil, the effect of which is produced by a geological *repercussive action*. Sporadic cases may precede an epidemic, but he doubts if they can produce an epidemic, unless there is a concurrence of both causes. —*Scientific American.*

Treatment of Convulsions in Children.—Dr. Charles Bell says on this subject, in the Edinburgh *Medical Journal*:—

Treatment.—The first object in the treatment of convulsions is to allay the spasm and to restore consciousness. This is generally effected by means of a hot bath, and at the same time applying some pungent substance to the nose, such as ammonia. Should these not be effectual in restoring sensibility and overcoming the convulsions, we must have recourse to the application of chloroform. Having overcome the convulsions, we should then endeavor to remove the cause, which is most commonly something irritating the alimentary canal. If the child has recently taken a full meal, an emetic ought to be given as soon as the patient is able to swallow, and the best kind under the circumstances is a full dose of ipecacuanha, according to the age of the child. If the bowels are constipated, an aperient should be given, either of calomel or castor oil; but as it is important that the bowels should be moved quickly, an enema or a suppository should be administered without delay. Cold should be frequently applied to the head if there is much heat, while the f et are kept in warm water, or mustard poultices should be applied to the calves of the legs. If there is much excitement in the circulation, leeches may be applied with advantage, although M. North prefers venesection or cupping, as he says he has never seen a well marked case of congestion removed by leeches. But the use of the lancet or cupping-glasses is very questionable in young children, from the certainty of producing crying, which inevitably increases the congestion. Some authors have advised the use of opium and blisters, but such remedies are extremely hazardous in very young children. If the child is teething, and the gums seem red and swollen, they ought to be scarified. If there is reason to suspect that worms are the cause, turpentine should be given in milk, or it may be given in the form of an enema.

After the attack is over, the bowels should be kept regular by mild aperients, and the most useful are moderate doses of rhubarb and potash, which, besides regulating the bowels, will act as a diuretic. Change of air and the use of small doses of chalybeates, along with light and nourishing food, will be very beneficial.

Prognosis.—When the fits are moderate and of short duration, and the natural cheerfulness and lively expression of countenance soon returns, the case may be considered extremely satisfactory; but if the convulsions are long continued and of frequent occurrence, and the child continues to be dull and heavy, with an anxious expression of countenance, there is reason to apprehend great danger.

Chloral.—At the meetings of the French Academy of Sciences, Paris, Sept. 15, 22, and 29, a note of M. Arloings on the anæsthetic action of chloral; was read, the following report of which we take from the *Bull Gén de Thérapeutique*, Oct. 15:

The three following questions are before us today: (1) Does chloral decompose or not in the animal body? (2) If it does, is this decomposition a necessary condition of the production of anæsthesia? (3) What respective parts are to be attributed to chloroform and to the alkaline formiates in the phenomena following the absorption of chloral?

The author has made, after a sort, a synthesis of chloral in the interior of the vessels by injecting separ-

ately the quantities of chloroform and of alkaline formiate that would be formed by an anæesthetic dose of chloral, and has registered the effects, on the theory that if he could obtain by this experimental procedure all the circulatory modifications that characterize anæsthesia by chloral, he would have the *modus operandi* of the decomposition of chloral in the blood. In former communications he had described the effects of chloral, chloroform and formiate of soda on the circulation. But, injecting a solution of formiate of soda into the veins of an ass or a horse, already chloroformed, he observed the traces of arterial and venous pressure of the pulsations and the quickness of the blood in the arteries, take gradually the characters of traces of the circulation. The circulatory troubles produced by chloral, therefore, are the resultant of the modifications that are due to chloroform and the alkaline formiate. The decomposition of chloral in the blood, therefore, seems evident.

The anæsthetic effects of chloral are not due, as M. Byasson thinks, to the combined action of nascent chloroform and formic acid, for the experiments of M. Arloing with an alkaline formiate, have convinced him that this salt does not diminish the sensibility. He considers the chloral anæsthesia as due to chloroform; as regards the alkaline formiates that develop simultaneously, they contribute to the anæsthesia by their vaso-dilator action, carrying the chloroform more rapidly and in greater quantity to the nervous centres and terminations of peripheral nerve.

The author therefore concludes :

1. That chloral decomposes into chloroform and alkaline formiates in the blood of animals.

2. That the anæsthetic effects of chloral are due to chloroform.

3. That the alkaline formiates mechanically favor the production of anæsthesia by increasing the rapidity of the circulation, and thus facilitating the impregnation of the nervous elements by the anæsthetic agent.—*Journal of Nervous and Mental Diseases.*

The Final Cause of Phthisis.—When I read in our works on pathology and when I hear similar sentiments from our clinical lecturers and those who have looked into the matter, when I look upon the gross appearances of these tubercular cases, then read in books on pathology, and hear our clinical teachers say that the final appearances are so and so, I look back to the connective tissue, to the general connective tissue of the body. There is not only this nucleus of proliferation here, but there may be at times some vascularity around it. This zone of vascularity I am willing to call inflammation—that Demon Terrible—but that is not what we are talking about. It is proliferation which lies at the bottom and is the foundation of this new process, and in this tissue there is sooner or later another zone of structure that may be fibrine, that may be simply cellular; but when we find that in addition to this there is a breaking down of the tissue, a fatty degeneration or destruction, I begin to think that we have here an excellent illustration of the same process which is going on in a gummy tumor. In that, we have an irritation that we know something about, that it comes from syphilis and that touches, in my judgment, the very heart of this pre-tubercular question. We have an outset here of irritation, some thing which does not produce what we denominate "inflammation," somthing that is a little different from that. We find, upon examination, that in the lining tissue, in this connective tissue, we find this very fault of proliferation. That touches at the bottom of this proliferate which must come from some irritation. We must look back to the source of the irritation and not take up one of the concomitant symptoms as a cause of the disease. We must consider the food we eat, the air we breathe, the soil we live on, the house we inhabit, and hereditary tendencies. The problem is a vast one, the field is large, but in order to solve it we must take into consideration all the departments of the problem.

When I was a student I had an opportunity to examine cows which had died after having been confined in close and unhealthy stables. We found not only the lungs and the pleura but the liver and spleen and, in fact, all the abdominal organs filled with tubercular masses; now I do not suppose that an inflamed pleura had anything to do with causing tubercles in these cows.

And I do not regard it as sound reasoning, to conclude that tubercles are caused in rabbits by the scratch of a pin, when we find tubercles in a great many rabbits, and monkeys and other animals which have never been scratched by a pin.—*Dr. J. S. Wight in Proceedings King's Co. Medical Society.*

Glycerole of Bismuth in Ulceration of the Cervix Uteri.—Dr. Suesserott, of Chambersburg, Pa. (*Med. Record*), uses a thick cream of bismuth in pure glycerine for ulceration of the cervix uteri, applied by means of absorbent cotton, and is enthusiastic in its praise. No other application gives such speedy relief. "The congestion of the cervix is at once abated by the glycerine through the endosmotic action that is set up, and the ulcers disappear as though waved away by a fairy's wand."

Relation of Impure Milk to Infant Mortality.—In an article in the St. Louis *Courier of Medicine*, Dr. P. V. Schenck makes the following forcible observation, which ought to attract the attention of all sanitarians:—

"From the statistics which I prepared as Health Officer, in 1874-5, it is clearly shown that in cities where swill milk is sold and in-town dairies allowed, the infant mortality is by far the greatest. The infant mortality is greater in the West than in the East, greater in cities than in the country, greater in cities surrounded by grain-growing districts, greater in proportion to the number of distilleries, and greater in proportion to the use of swill food. The healthy city of Milwaukee, where we would think our children should be sent to avoid the enervating effect of high summer heat, looms up with an infant mortality of sixty-one per cent."

Michigan Medical News.

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Editorial.

Bromide of Ethyl.

We have received from the laboratory of Messrs. Parke, Davis & Co., of this city, a sample of the bromide of ethyl, or hydrobromic ether, upon the manufacture of which this enterprising firm has entered. Bromide of ethyl, although known to chemists for many years, has but lately come into use as an article of the materia medica, and if future experience in its use result in corroborating the claims made for its anæsthetic properties, we shall expect it to largely supersede both chloroform and sulphuric ether. It is a colorless, transparent liquid, of a specific gravity of 1.419, of a sweetish taste and of an agreeable odor, reminding one of the "A. C. E. mixture" (alcohol one part, chloroform two parts, ether three parts), which many surgeons prefer to either of its ingredients employed separately.

The claims for preference made for bromide of ethyl over ether and chloroform are, that it equals chloroform in rapidity of action and ether in safety, while it is more pleasant to take than either of these anæsthetics, and the recovery from its influence is much more speedy. It is said to have none of the irritant properties of chloroform, and may even be injected subcutaneously and applied to mucous surfaces and the meatus of the ear without setting up irritation. It has, moreover, none of the irritant effect on the respiratory membrane of the other anæsthetics, ether especially. It may be administered in the same manner as chloroform and ether, on a napkin, or sponge, covered with another napkin to prevent evaporation.

Dr. Levis, surgeon to the Pennsylvania Hospital and to the Jefferson College Hospital, Philadelphia, has for the past year been conducting physiological experiments with bromide of ethyl. He suggests the words "ethylizing" and "ethylization" as expressive of the administration and the effect of the drug. He has found that the stage of excitement and struggling, attending the ethylizing of a subject, if it occur at all, is much more brief than that attending the giving of ether or chloroform. It may be entirely escaped by making a rapid impression with the anæsthetic—giving it freely and having the patient inhale its vapor with the least possible admixture of atmospheric air. The face of the patient usually becomes flushed, and when anæsthesia is complete the forehead and general surface are apt to be covered with sweat, its effect differing in this respect from the pallor of countenance and check of skin-transudation of chloroform. Respiration during the ethylizing is somewhat increased in frequency, but when ethylization has been produced the breathing assumes its natural frequency and fullness. The dangers of cerebral anæmia and cardiac syncope attending the employment of chloroform are apparently entirely obviated by the use of bromide of ethyl. The after effects of its use are also much less disagreeable than those of chloroform even, to say nothing of ether. Nausea and vomiting are liable to occur, though much less liable than after either of the ordinary anæsthetics.

The quantity of bromide of ethyl necessary to produce anæsthesia varies with individual susceptibility and the method of employing it. Evaporation being avoided by pouring the fluid on a napkin and covering it with some impervious material, and the light being excluded as largely as may be from the room, or the patient's eyes being covered, an average of two drachms is sufficient to produce profound anæsthesia in the majority of instances. The pleasant, unirritating nature of the anæsthetic is liable to tempt to its abuse in the quantity employed. This should be guarded against by giving no more than is necessary to produce the desired effect or to disturb the regular, deep respiration.

Certainly all these properties give promise of such an anæsthetic as has been a desideratum since anæsthesia was first introduced. The price, $4.00 per pound, may for a time be an obstacle to its general use, but when the smallness of the quantity required is considered, it will be found to be fully as cheap as ether, while its safety as compared with chloroform should far outweigh its increased cost over that anæsthetic. Dr. Levis writes from large experience, and sums up an article on the subject in these words: "I express my conviction that it is practically the best anæsthetic known to the profession."

Since the above was in type there comes a report of a case by Dr. J. Marion Sims, in the *Medical Record*, which if it may not be quoted as an objection to the use of bromide of ethyl may certainly be urged as a reason for the exercise of more caution in the use of the drug than the previous favorable reports would seem to render necessary. Dr. Sims had made a visit to Dr. Levis, of Philadelphia, and returned home saturated with that gentleman's views and convinced that we had at last found the long looked-for anæsthetic. In the first case, however, in which he tried it he failed utterly to produce anæsthesia notwithstanding he employed an ounce of the ethyl in eight minutes. It caused uncontrollable excitement in the patient and it was found necessary to abandon its use and to resort to ether. In the following day, however, he tried it on another case and succeeded in two minutes and by the use of but two drachms of ethyl in producing anæsthesia. The non-success in the first case and the success in the second developed what may be an important point in the method of administration. In the first

case the ethyl was administered from a napkin and free admixture of atmospheric air with the vapor was permitted; in the second case the ethyl was poured on a folded handkerchief and held in actual contact with the mouth and nose, and held there by a towel folded into a square of eight or ten inches, thus permitting of the inhalation of no air except such as was loaded with the ethylic vapor.

Dr. Sims' third case was one in which he performed Battey's operation for the removal of the ovary which was deceased and was supposed to be the exciting cause of periodical paroxysms of epilepsy. The patient became perfectly insensible at the end of five minutes and breathing *sixty times a minute.* In twenty minutes two ounces of the ethyl had been given to maintain anæsthesia. In forty minutes vomiting with severe straining set in and on three occasions during the operation there occurred considerable opixthotonos, with twitching and rigidity of the muscles of the extremities, and constant rolling of the eyes. The operation lasted one hour and a half and five ounces of ethyl were used. The patient recovered quickly from the anæsthetic, but the most distressing retching and vomiting continued. Violent pain in the head was complained of and diarrhœa of a cholerine nature supervened, the discharge smelling strongly of the odor of ethyl bromide. These symptoms with great restlessness and delirium continued unabated until twenty-one hours after the operation when death, preceded by heartrending screams, took place. The *post mortem* revealed slight cirrhosis of the kidneys and showed the tissues to be permeated with the vapor of the drug.

There are a number of interesting points in this case, some of which are in favor of the belief that the anæsthetic was the direct cause of death and others opposed to this theory. We have not space to analyse these, and must content ourselves by directing attention to the condition of the kidneys—a condition which is found to exist in all of the cases reported of death following the employment of ether as an anæsthetic. The saturation of the viscera of the abdomen is opposed to the claim that the ethyl bromide is eliminated by the lungs. This much appears certain that the operation of itself was not the immediate cause of death and the ethyl was the cause, direct or indirect. The case, moreover, while it does not argue that ethyl is less safe than chloroform or ether, nevertheless demonstrates the fact that the agent is not an absolutely safe one, and the desideratum of anæsthesia has not yet been supplied.

A New Theory of the Action of Mercury.

Dr. S. V. Clevenger, in the *Chicago Medical Gazette*, proposes a new theory of the action of mercury.

The *modus operandi* of mercury, in common with that of many other drugs whose effects are so manifest and direct, has, heretofore, received no satisfactory explanation. The theories advanced have been largely mere conjectures. Dr. Clevenger's theory is that mercury acts purely mechanically, and the experiments he records in support of his views certainly seem to corroborate these views. That metallic mercury applied externally may enter the circulation is not doubted by the physiologist, the demonstration of the possibility being a standard physiological experiment. Dr. Clevenger's theory comes in conflict with that usually entertained (if it may be said that any theory is generally accepted), in the dealing with the salts of mercury. He maintains that these salts are reduced either before absorption or soon after, and that as salts they do not circulate, there being no recombination after the primary decomposition. The metallic mercury in the blood is carried unchanged into the glandular tubules, and forces its way to their blind extremities, and by their superior weight displacing the occupants of these tubules, be they normal or morbid matter. In this manner mercury acts as a deobstruent on the same principle as that in which cannon balls dropped into a pipe removes matter of lesser specific gravity. In the intestines the increased peristalsis excited by the foreign substances facilitates the progress of the minute globules, and their reaching the hepatic parenchyma. The presence of the mercury in the salivary glands stimulates their secretion, and, being a foreign substance seeking for egress, sets up the changes characteristic of mercurial salivation.

"Mercurials load the circulation and emunctories with effete matter because of their deobstruent effects and ability to insinuate their particles among all tissues, separating the morbid or ulcerated portions from the healthy, by the great and universal law of heavy bodies acting in the line of "least resistance." If the bile is improperly diverted or suppressed, it restores it, by opening the channels through which it normally flows; if superabundant from organic obstruction it would regulate its quantity in the same same way by affording exit for morbific causes. Its aplastic action is ascribable to the capillary and lymphatic cleansing its passing would produce ; the million minute globules pushing open circulatory channels and preventing accumulation, as well as affording means for absorption. Provisional callous and wound healing would be interfered with by the globules breaking up new tissue and interfering with its formation as would any foreign substance. Mercury has been retorted over in considerable quantities from the bones of those who have died from mercurial cachexia, the little particles finding stopping places in the cancellated tissue removed from more active circulatory influences, and, in excess, doubtless dissecting away the periosteum, filling the lacunæ and canaliculi, thus unavoidably producing caries."

"The occasional tonic influence of the metal would follow wherever glandular obstruction was superinducing diminution of the red blood corpuscles, as insomnia may be overcome by bromides removing the cause, while no one assigns the bromides a place among hypnotics.

Mercury is not a tonic; but if it increases secretion, removes obstructions and sets the corpuscular manufactories in order as it does the biliary, it induces tonicity as the bromides induce sleep.

But mercury also causes anæmia, which might be expected by persisting in its use, remembering its occlusive powers in closing the minute passages and tubular structures which, in medicinal quantities, removed pre-existing obstructions.

Mercury in larger doses diminishes the number of red blood corpuscles and produces anæmia, emaciation, ulceration, febrile symptoms, with a peculiar "jerking, thready" pulse. Obviously an effect which might be salutary upon the glandular system, wrought by small doses, could become pernicious by over doses, and hæmatosis be seriously interfered with by the vascular stasis induced by mercurial plugging of the arterioles and venioles. Any irritation causing perversion of the hepatic and splenic functions, certainly could only be followed by hæmic degeneration, and I am inclined to think that the pulse characterizing hydrargyria is due to the irregular but frequent propulsion of blood by *vis a tergo* clearing of the lesser vessels where the metallic globules had for a while backed up the current till forcibly overcome. This brings us to the consideration of the nervous phenomena among its toxic effects."

"As to the so-called "specific" reputation of mercury in syphilis treatment, and its modus operandi, I might be excused detailing probabilities until the pathology of the complaint is better understood. The disposition of the virus being to centralize itself upon and destroy certain areas, it seems likely that the metal may, by attacking such weakened points, not only break them down, but prevent the static degeneration necessary for ulcerative processes. This, with the antagonism the metal has for occlusion anywhere except what it induces itself in great doses, would suffice as a tentative view until we demonstrate exactly the cause of both the disease and its cure.

The incendiary can do no harm to society while the police are alert and keep him "moving on." Syphilis, though in the blood, may not manifest itself if sufficient globules are chasing it from forming nuclei; but where the fluids of the body are saturated with syphilitic points enough to produce tertiary symptoms, how futile must any attempt be to restore health by any doses of the drug under consideration. The disease itself is depleting the system at this stage, and mercury but adds to the trouble, having more carious and degenerated spots to work upon.

In short, at this period both syphilis and mercury will fraternize against the body as against a common enemy. Tonics might arrest the cachexia induced by either or both, and in addition the iodides which are known to act upon this disease and its putative cure should be given."

Dr. Clevenger's views have the advantage of being definite, at least, and their plausibility will, we think, be very generally conceded although they may fail to satisfy. They are certainly noteworthy and have in them the possibility of a revolution in the therapeutics of many diseases in which mercury and its salts have been empirically, and blindly administered.

Dissecting Material.

We have a law in Michigan ostensibly providing for the delivery of the bodies of paupers to medical colleges. Were the spirit of this law conformed to the supply of material would be quite sufficient for the medical colleges of the State, and at the same time the public could rest in a sense of security against the desecration of graves. This city alone could furnish an abundant supply for the wants of the two colleges located here. There is, however, a provision in the law which renders it nugatory under the present state of public opinion. That provision excepts any one whose friend may object to such a disposition of the remains. "Friend" is a term of very indefinite meaning, and in the interpretation of the law referred to, a neighbor, or the prison keeper, or the superintendent of the poor house, is a sufficient friend. Our officials owe their positions to political influence, and although law is supposed to be but the embodied expression of public sentiment, no officer would feel secure in his position who would permit, or even connive at, the carrying out of the dissection law. There were twenty-three deaths at the Wayne County Poor House during the month of March, and the burials were all at the public expense. Out of this number it is safe to presume that fifty per cent. were without relatives or other connections who would object to the devotion of their remains to scientific uses. Instead, however, of such a disposition being made of any of them they were all interred beneath the very windows of the County House, so that a constant guard might, with the least trouble, be kept over the graves.

As matters now stand the medical colleges, as far as their dissecting rooms are concerned, are looked upon as associations of criminals, and too often they are, in fact, obliged to be *particeps criminis* in ghastly deeds of grave desecration, in order that they may furnish the means for preparing their students as medical practitioners. The whole thing is a disgraceful anomaly, and it is high time that measures were set on foot to remedy it. Medical schools will have material for dissection, and as long as the present foolish objections exist to the use of the bodies of paupers and criminals for that purpose, there can be no security against the operations of the resurrectionist. As long as high prices are offered for subjects, so long will there be found people who will undertake the risk of supplying the demand.

Medical Co-Education.

One of the occurrences which some are in the habit of urging against the attendance of males and females on the same medical lectures really took place at the Philadelphia Hospital. Dr. J. W. White was cited before the Board of Governors on a charge of having used such indecent language in his venereal clinic as to have obliged two female students to leave the amphitheatre. The evidence adduced showed, however, that Dr. White had only used such language as was necessary for the instruction

of the students in the subject before them, and the Doctor was unanimously acquitted of the charge. But notwithstanding the evidence and the fact of the acquittal, the public papers indulged in considerable comment, and the affair was held up as an unanswerable argument against the presence of the two sexes in the medical lecture room.

Affairs of this nature are always unfortunate from the publicity given them, but in our opinion they are very indifferent arguments as against the co-education of the sexes, even in medicine. Doubtless abuses of the plan are possible, and we believe that the presence of the complaining witnesses at Dr. White's clinique was an abuse. There is a limit in these matters, and the difference in the sexes should not be entirely ignored in medical teaching. An innate modesty should prevent ladies from attending venereal cliniques, and the same modesty should restrain a lecturer from discussing these matters before ladies and in the presence of gentlemen. It is necessary for female practitioners to be familiar with venereal disease as it affects the female, but the exigencies of practice will probably never make it necessary for them to be versed in the affections of the male genitalia. Outside of diseases of the genito-urinary apparatus there is, however, no branch or division of medicine in which co-education may not be appropriately conducted. We know from actual observation that the presence of ladies in a medical lecture room has a very salutary influence. The medical student is wont to give vent to the exuberance of spirits with he is usually possessed, and the doing so is scarcely in the line of the cultivation of those habits upon which his success as a practitioner will largely depend. If he is a gentleman, and the fact of his being a medical student presumes him to be one, he will in the presence of ladies exercise a control of his exuberance, and have an eye to those graces of bearing which, as a physician, should distinguish him.

Treatment of Diphtheria.

In our last issue we gave a resumé of the plan of treatment adopted in diphtheria by Dr. Thomas Gurney, SeniorPhysician to the London City Dispensary. Our readers will also, doubtless,recall the synopsis we gave of the plan of Dr. C. E. Billington, physician to the Demilt Dispensary, of New York, in the News, of February 7, 1878. Dr. Billington, in the *Medical Record* of the 27th ult., makes a supplemental report of forty cases treated by him on the same plan as that followed in his report of 1878. Of the forty cases last reported there were four deaths ; a mortality of ten per cent. Of the cases which recovered, three are reported as having been of a very mild form ; moderately severe, fifteen; decidedly severe, five; the remainder were exceedingly severe, and included three gangrenous cases.

Dr. Billington's treatment consists, briefly, in the administration, in alternation and usually at half hour intervals, of the two following pleasant prescriptions in teaspoonful doses :

℞	Tinct. ferri chloridi,	ʒ j to ʒ jss.
	Glycerinæ	
	Aquæ ää - - -	℥ j.
M.		

℞	Potassæ chloratis - -	℥ ss.
	Glycerinæ - -	℥ ss.
	Aquæ calcis - -	℥ ijss.
M.		

A spray of a solution of ten drops of carbolic acid in four ounces of lime water is applied frequently by means of a hand atomizer. Stimulants may be employed in the later stage of protracted cases, and in convalescence, but carefully avoided early in the disease. Milk, *per orem* and *per rectum*, is the main reliance in nutrition. The success of the treatment is dependant on the closest attention to its details and to its being rigidly carried out.

It will be remembered that the results of Dr. Gurney's treatment are almost equally flattering with those of Dr. Billington's, notwithstanding the fact that the medication in the two plans have very little in common. There is, however, a striking similarity in what we have found in our experience to be very essential points, viz., the importance of nourishment and of the avoidance of all perturbing measures. We believe that incalculable mischief has been done through the disturbance and excitement incident to the application of the caustic applications to the throat, which it was once, and is still by some, thought be an essential part of the treatment. In our reading of the reports of cases of diphtheria we have noticed that the more successful methods have had as common features the absence of harsh and perturbing measures, the absence of alcohol during the period of the presence of the greatest amount of virus in the system, and strict attention to nutrition.

Those subscribers who, through negligence or other cause, have failed to remit for the current volume of the News will find in their copies of the present number a gentle reminder of the fact. We hope to be favored with a very general response to our invitation to remit. Before laying down the journal after reading this paragraph enclose a dollar with the within bill and mail to our address, and the consciousness of having done a duty will be an additional reward.

We would ask the attention of subscribers to the News to the advertisement on advertising page xxv of the present issue. The offer there made is a rare one, and we congratulate our readers on the opportunity of adding another first-class journal to their list for so small an outlay.

Miscellany.

A New Code of Ethics.—The indistinct and undefined mutterings against the Code of Ethics of the American Medical Association have become distinct and definite in the substitute adopted by the Massachusetts Medical Society. The new Code has brevity and conciseness, at least, on its side, and herein it recommends itself. We have but little faith in the restraining power of any Code on him who seeks to evade its spirit. The letter of either the old instruments or the substitute proposed may be strictly conformed to, and still the practitioner may daily and flagrantly violate its spirit:

I. The relation of the physician to medical science. A physician should lend his influence to encourage sound medical education, and to uphold in the community correct views of the powers and the limitations of medical science and art.

II. The relation of the physician to medical business. The professional success of a practitioner depends upon qualities connected with his moral character, his scientific attainments, and also his industry and business talent. But the relation of practitioners of medicine to families and households is not like that of tradesmen to their customers. The kind of competition which might be considered honorable in business, cannot exist between physicians without diminishing their usefulness and lowering the standard of the medical profession. (See IV, Sec. 1; V, Sec. 1.)

III. The relation of the physician to his patients. The first duty of the practicing physician is to his patient, who has a right to expect that his disease shall be thoroughly investigated and skillfully treated, with charitable consideration for his mental peculiarities or infirmities, and in a relation strictly confidential.

1. The physician should not make unnecessary visits. He should neither permit needless apprehension nor fail to give seasonable notice of danger.

IV. The relation of the physician to other practitioners and to their patients. In his relations with another practitioner and his patients, a physician should be governed by strict rules of honor and courtesy. His conduct should be such as, if universally imitated, would insure the mutual confidence of all medical practitioners.

The foregoing rule should be a sufficient guide of action. Some of the following contingencies will illustrate its application:

1. A physician should take no step with a view directly or indirectly to divert to himself the patients or practice of another physician.

2. If formally requested to assume charge of a patient or family usually attended by another physician, he should consent to do so only after notifying the latter, unless the case be one of pressing necessity.

3. If a physician is called to a patient during the temporary absence or illness of the usual physician, or in the case of accident or other emergency, he should direct that the former be sent for as soon as he is able to take charge of the case, and should then relinquish it to him. It is generally agreed that, among several physicians thus called, he who first arrives shall act, unless the family designate another.

4. A communication from the temporary to the usual physician, in the absence of the latter, should be written and sealed, and not simply verbal.

V. The relation of the physician to quackery. In every community there are minds naturally inclined to quackery, which has flourished in every age. It grows by being noticed, and thrives best under opposition. It is commonly unwise to employ argument against it. But a physician should lend his influence to establish a distinct line between the regular practice of medicine and the practice of quackery, and should avoid any act which might tend to weaken such a distinction either in the professional or in the public mind.

1. Thus, he should not consult with an irregular practitioner (*see By-Laws*), nor countenance the use of secret remedies, nor be interested in medical trademark preparations; nor give certificates recommending mineral waters, patents, or medical preparations, or the like; nor give a commission to an apothecary, nor receive one from him; nor advertise himself or his practice in public print; nor publicly advertise advice or medicines to the poor, etc.

VI. Consultations should be encouraged in cases of unusual responsibility or doubt.

A consultation is called for the benefit of the patient, and to give him the advantage of collective skill. Should there be a difference of opinion, discussion should be temperate and always confidential.

A consulting physician should be careful to say or do nothing to impair the confidence of the patient or his family in the attending physician.

1. See, for guidance of a consultant, IV, Secs. 1, 2, 3, 4.

2. At a consultation punctuality is important; and non-arrival within fifteen minutes after the appointed time should be interpreted as non-attendance.

3. For the advantage of the patient and for economy of time, it is well in a consultation to observe a certain order of business. The following has been found convenient:

The attending physician, having stated in general terms the nature of the case, may then call, in turn, upon each consultant, if there be more than one, to examine the patient,—the usual order being that of seniority. No consultant should make an examination or inquiry out of turn. On retiring, the attending physician may invite, in the usual order, the opinion of each consultant, who should not be interrupted while giving it; after which he may add his own. In conclusion, a course of action may be agreed on, or the attending physician may be left to act at his own discretion.

VII. Fees. A fee-table has a local application, and is designed to indicate a fair or average amount due for services. But if the patient fully understands it beforehand, a physician is at liberty to place any value he sees fit upon his services. It is then at the patient's option to decline them or to pay the price. A physician should be considerate of the poor.

1. A patient in moderate circumstances should not be called upon to pay a fee unusually large for the service rendered, without a previous explicit understanding. A physician, if able, should offer to pay

the medical attendant of himself or of his family. Unless by special agreement, a physician attending or acting for another should receive the fees. Among obstetricians a rule obtains that the interval between the birth of the child and the placenta halves the service and the fee. A fee should be charged for a medical certificate or paper of value to the applicant, connected with, for example, absence or exemption, life insurance, pension papers, etc., except the usual certificates of vaccination and death.

VIII. Seniority. Seniority applies rather to duration of practice at the place in question than to age.

Mrs. Hippocrates.—*Apropos* of the question of the social position of doctors and doctors' wives, which is now agitating the professional mind, the following from the London *Practitioner* will be read with interest. Whatever may be the standing of physicians' consorts of these latter times as compared with that of their lay sisters, it is evident that these ladies are held in higher esteem by their husbands than were wives in the days of the "Father of Medicine." Physicians, too, have changed since those days. They are now as wise, in the majority of instances, as their brethren of the world, and know that their better halves are much safer left to themselves than placed under the care of a Dionysius. Times have changed, manners have changed, Dionysiuses have changed and women have changed since Mrs. Hippocrates' times :

"It appears that the Abderites had concluded that their distinguished fellow-citizen, Democritus, was insane, and were very anxious to have Hippocrates visit him; but in order that the latter could make this visit it was necessary some one should come and attend to his patients during his absence, and he accordingly wrote to Dionysius to do him this favor. The wise physician states in this letter that he does not believe Democritus is seriously ill. Those, by the way, who are curious in regard to the interview between the illustrious physician and the famous philosopher will find it very fully given in Burton's Anatomy of Melancholy; how the latter was found engaged in dissecting animals, and how, after a long discussion with him, Hippocrates left him and told the anxious Abderites that, although Democritus was a little careless as to clothes, food, and even for his body, the world had not a wiser, a more learned, a more honest man, and they were much deceived to say that he was mad.

But what about the wife of Hippocrates? In this letter he tells his friend that although her father and mother will be there to watch over her—honest people, who will try to keep her in honest ways—yet he is not satisfied with this supervision alone, but wants Dionysius to exercise his watchfulness as well, for his belief is that a man can leave his wife more safely nowhere than in the care of a friend. It is very ungallant in Hippocrates to speak such words as these: "For a woman hath need to have an overseer to keep her honest. They are bad by nature, and all lightly given; and if they be not curbed in time, as an unpruned tree they will be full of wild branches and degenerate of a sudden." Especially was there danger when the husband was absent, and therefore he besought the watchfulness of Dionysius. Doubtless Mrs. H., thus triply guarded, brought no dishonor on her husband; though nowadays no doctor would write of his wife and women as Hippocrates did.

"Nervousness" a "Yankee Notion."—Dr. George M. Beard, in an address recently delivered before a medical society in Baltimore on "American Nervousness," remarked that if the medical practitioners of a generation or two ago could have attended his lecture they would scarcely have understood even its title. The Greeks had no term to express the idea, and down to the last century nervousness was treated as a mental quality rather than as a physical disease. Neuralgia, sick headache, nervous dyspepsia, hay fever, and, above all, neurasthenia, or nervous exhaustion, have all been developed during the past fifty years, and Dr. Beard claims for the United States the credit, or discredit, of introducing them.

In proving this novel proposition he referred to the fact that the present generation is ten degrees more sensitive to cold or heat than its predecessors. A century ago sixty degrees F. was a comfortable temperature, while seventy degrees is now required; and on the other hand, the summers then had no injurious effects, while now they produce their regular crops of sunstroke and heat-prostration.

There is also an increased susceptibility to alcohol and tobacco, tea and coffee, and drugs of all kinds, smaller quantities or doses being needed to produce the same effects as formerly. The teeth decay sooner, the eyesight fails earlier, and the bodily organs generally are less vigorous. Pork, Dr. Beard says, is a test of the digestive organs, and, like the Indian, flies from civilization. Our fathers ate it every day, and three times a day, without ever thinking whether it was easy or hard to digest; but now it is almost banished from our tables, especially among the brain-working class.

Simultaneously with this increase of nervousness, however, the average duration of life is longer, and generally speaking, the nervous classes are the longest livers. Nervousness favors longevity by preserving the system from attacks of acute inflammatory disease.

The causes of this nervousness were of course traced to our civilization and education. Compare the training of a Greek boy, says Dr. Beard, with that of a modern American youth. The Greek boy's life was a poem, a constant holiday, a perpetual picnic. Of study, toil or work, to which the New York boy is early trained, he knew nothing. Work is really a modern institution. All culture, history, science, literature and languages that have appeared in the world during the past 2,000 years the lad of to-day must try and acquaint himself with. Of all these the Athenians knew nothing. A modern child, from its earliest school days, is occupied through many and tiresome hours of study with endless committing and repeating and forgetting; confined in constrained positions, in overheated and vitiated at-

mosphere; meets daily with newspapers and novels that he must be prepared to converse about and criticise, sermons and lectures which he is compelled to listen to and analyze; and finds himself in the midst of a strife and struggling for bread and competence against inordinate competition; so that, in view of these facts, we wonder, not that he is not nervous, but rather at the power of adaptation of the human frame for unfavorable environment.

United States Postal Law.—We would direct attention to the following selection from the law regulating certain relations obtaining between the publisher of a journal and those who read it. Fortunately we have but few on our list whose especial attention we would ask to this matter. These few are those who have not yet favored us with their remittances for the current volume. We shall be pleased to hear from these gentlemen at their earliest convenience.

1. A postmaster is required to give notice *by letter* (returning a paper does not answer the law) when a subscriber does not take his paper out of the office, and state the reasons for its not being taken. Any neglect to do so makes the postmaster *responsible* to the publishers for payment.

2. Any person who takes a paper from the post-office, whether directed to his name or another, or whether he has subscribed or not, is responsible for the pay.

3. If a person orders his paper discontinued, he must pay all arrearages, or the publisher may continue to send it until payment is made, and collect the whole amount, *whether it be taken from the office or not.* There can be no legal discontinuance until the pay ment is made.

4. If the subscriber orders his paper to be stopped at a certain time, and the publisher continues to send, the subscriber is bound to pay for it *if he takes it out of the post-office.* The law proceeds upon the ground that a man must pay for what he uses.

5. The courts have decided that refusing to take a newspaper and periodicals from the post-office, or removing and leaving them uncalled for, is *prima facie* evidence of intentional fraud.

On the printed addresses of the News will be found indicated the date up to which the party receiving the number has paid. We would remind the few whose wrappers still bear the legend "Jan. 80," that it will be in order for them to remit $1.00, on the receipt of which the figure "1" will be substituted for the cipher.

"Worry" a Cause of Disease.—It is true, as stated by Spencer (*Eclectic Medical Journal*), that every pleasure or enjoyment gives a better physical life, and lengthens our days; and it is equally true that every worry, or unpleasantness, diminishes our present stock of life, and shortens our days. Of course, when we speak of pleasure or enjoyment, we refer to that rational pleasure which follows the legitimate use of the various functions of the body. We are not to understand that that which some regard as pleasure—say, a crowd of roughs, whisky, and late hours, or excesses in any direction—though thought pleasurable, are to be regarded in this light.

I think the explicit teaching of these facts will be a great benefit to any community. "A merry heart maketh a cheerful countenance." "He that is of a merry heart hath a continual feast." "But by sorrow of the heart the spirit is broken." "A good report maketh the bones fat." All this is good to think of, for we have a distaste for self-mortification, and we rather like the comforts and enjoyments of this world; and if this is best for us, physically, mentally and morally, we should know it.

I find people all the time who make themselves miserable, make themselves sick, and kill themselves by "worry." They always look at the dark side, season their food with bitter herbs, see labor as the Adamic curse, beget their children in sorrow, and even deny themselves the consolations of religion by worshiping a God who has the attributes of the devil. You have seen these people, and known some of them intimately, and have doubtless been troubled with such "worry." It is worry, not work, that wears people to the bone, and finally kills them.

I am accustomed to look at this matter as an element of many diseases, and, in so far as I can, help the person to a better condition of mind. Worry means a variable appetite, poor digestion, blood-making, and nutrition, and especially a want of rest and sleep, which are both essential to health. Relief from worry means an improvement of every function of life, and many times recovery from disease.

Homœopathic Treatment of a Sick Pig.—The law of similars evidently suffers no pent-up Utica to contract its powers. It extends even to the porcine family. A New England farmer had a pig, female, æt. 5 months, which suddenly refused to eat. An examination revealed "black spots upon her, which increased until they covered nearly all the surface of the body in the region of the vitals, attended with fever." The spots in a measure disappeared under warm applications, and the places where they had been became inflamed. Its owner wrote to the Massachusetts *Ploughman*, detailing these symptoms and asking for advice. The editor of that journal is evidently a homœopath. Let the charge stand or fall on the following diagnosis, treatment and sentiment:

"Could we see the pig and notice the symptoms from the first, an intelligent opinion might be given of the nature of the disease. We should judge, however, that the malady is Saint Anthony's Fire, (mild form.)

Treatment.—Aconite first, 4 drops, 2d, decimal dilution; to be followed in two hours by 5 grains, 2d, dec. trituration of Arsenicum. Give once an hour 4 drops 3 dec. dilution Belladonna. As soon as patient shows signs of permanent improvement, cease giving medicine. Swine breed so fast that we don't think it pays to be at too much expense in doctoring single animals."

Proof of Death.—Those timid beings who are haunted by apprehensions of being buried alive, and who make testamentary provisions against such a contingency, may now, says the *Med. Press and Circular*, take courage, for science has supplied an infallible means of determining whether or not the vital spark has quitted the mortal frame. Electricity enables us to distinguish with absolute certainty between life and death. For two or three hours after the stoppage of the heart, the whole of the muscles of the body have completely lost their electric excitability. When stimulated by electricity they no longer contract. If, then, when faradism is applied to the muscles of the limbs and trunk, say five or six hours after supposed death, there be no contractile response, it may be certified beyond all doubt that death has taken place, for no faint nor trance nor coma, however deep, can prevent the manifestation of electric muscular contractility. Here there is no possibility of mistake, as there certainly was when the old tests were employed. Muscular contractility, under the faradic stimulus, disappears gradually after death; it is instantly diminished, but is only finally extinguished in about three hours; and hence Dr. Hughes Bennett has suggested that electricity may sometimes be of use in medico-legal investigations, by affording evidence as to the time of death.

Dr. H. C. Wood's "Brain Work and Overwork: "My sympathy with every effort to extend the opportunity of women to make a comfortable livelihood, does not prevent surprise at the direction of much of the modern movements towards this end.

The legal and medical professions, among the most wearing of all callings, are everywhere invaded; but pharmacy is left entirely to men, and clerical labor almost as much so. The duties of a druggist are exactly such as trained women would meet men in as their equals, or even as their superiors. The power of pleasing, combined with deftness and accuracy of manipulation, and with the ability to be physically content with a sedentary life, are the qualities required by the drug clerk. Surely, these qualities abound more in the weaker than in the stronger sex. The total neglect of such a field, and the preference for the tumult of the forum or the toil and exposure of medical practice, seems remarkable."

The *King's County Proceedings* publishes the following from a Brooklyn clergyman to his physician: "My Dear Doctor:—I never in my life called a doctor up at night and troubled him for regular attendance in a difficult case without paying something. It is a point of pride with me and a matter of feeling. When I want a doctor, I *want* him, night or day, and I don't feel free to call at any hour if I am entirely deadheaded. You must, therefore for the sake of my self-respect, add to all your kindness the acceptance of this check, which is not at all adequate to pay for your services, but which you will accept *on account*, with our hearty thanks for your goodness, and our sincere appreciation of your skill."

We will wager that this man is a living epistle.

At the last medical commencement exercises of the University of Pennsylvania, academical students sat aloft in the gods' gallery and sang the beautiful surgical ditty "Saw my Leg Off," keeping time to the music with rhythmical fall of boot-heel. The music and the accompaniment were beautiful, for those who liked it, but they interfered to such an extent with the ceremonies of the occasion that forbearance ceased at length to be a virtue, and throwing off caps and gowns the peaceful medics rushed aloft to expel the festive academics. They were, however, met midway by the police and many were taken to the police station. It was a fine old time altogether, and furnished a text for a newspaper homily on the depravity of medical students.

A practitioner earnestly desiring victims issued a postal card, on which he had printed his qualifications for the cure of fits, epilepsy and ills too numerous and disagreeable to mention. The cards being addressed from a city directory, one of them fell into the hands of a lawyer, who responded with the following on a postal card: "Dear Sir:—I offer you my services to defend you on your trial for murder, arson, robbery, larceny, malpractice, criminal abortion, indecent assault, body-snatching and obscene communications. I can secure, if not your acquittal, at least the mitigation of punishment every time.

N. B. This post-card is strictly confidential."

A disease known as "black measles," is reported as having recently been very prevalent around Petersburg, Va., causing many deaths. A disease by the same name caused many deaths in a village near Detroit a couple of years ago. It, however, either did not attack at all or attacked very mildly those who were vaccinated. It occurred also in the practice of but one physician. All other physicians had small pox to deal with.

A curious obstetric fact is recorded by Dr. Paul F. Mundè of the *American Journal of Obstetrics*: "In all the maternity hospitals of Germany, as in private practice among the laboring classes, the period of nine months after any large country fair, or secular or clerical holiday, is inevitably marked by an unusual number of confinements. I had abundant opportunity of making this observation during my service in the Maternity at Würzburg."

F. W. Newman in *Hebrew Theism*: "The public sentiment which is thus savage against a seduced woman poisons by compulsion the blood of innocent babes, alleging that a healthy infant is a focus of pestilence! Thus babes are murdered in England, under sanction of solemn statute enacted in Parliament by a medical hierarchy, so dull of understanding is superstitious Europe, the slave of routine and pretended science.

A Texas newspaper reports a remarkable case of revivification through laryngotomy: "It was the intention of the physician to have operated before death, but he did not arrive in time. When he did come the operation was at once performed, and the boy resuscitated."

Prof. Charles A. Young, of Princeton, gives it as his opinion that the earth's days lengthening, owing to the friction of the tides, the latter acting as a brake and slowly diminishing the speed of the earth's rotation. Perhaps in this may be found an explanation of our forefather Methuselah's age, the years of his time having been so much shorter than ours.

The Princess Bismarck having professed faith in the burnt remains of magpies as a remedy against the falling sickness, instructions have been given the Eckenfœrd Shooting Clubs of Germany to provide a supply of the furtive birds! The nineteenth century is drawing to a close, and still superstition finds its way alike into the palace and the hovel!

A $10,000 suit for malpractice was instituted against two Baltimore surgeons recently, in a case of fracture of the arm. Dr. Walls, one of the surgeons, gave an account of the case and its treatment, which was so clear and convincing that the plaintiff and counsel made a public apology and withdrew the suit. This is the most remarkable case on record.

This is not strictly a medical joke: "Water your cows thoroughly, and you will have a large yield of milk," says an agricultural authority. If it is a good rule, it will work the other way: "Milk your cows thoroughly, and you will have a large yield of water." We'll leave it with the milkman to decide.

At dinner she had a doctor on either hand, one of whom remarked that they were well served, since they had a duck between them. "Yes," she broke in—her wit is of the sort that comes in flashes—"and I am between two quacks." Then silence fell.

Experiments are being made in Paris with the polyscope, a new apparatus for illuminating the interior of animal organisms, rendering bodies transparent, so as to render an examination of every portion of a body feasible.

The name of the firm of Lindsay & Blakiston, medical book publishers, of Philadelphia, so long familiar to the medical profession has been changed to that of Presley Blakiston.

Dr. H. H. Toland, of San Francisco, a prominent surgeon, and the author of a work on surgery, died suddenly of apoplexy, February 27th.

But twenty-one of the medical colleges have been heard from this spring, and already the ranks have been recruited to the number of 1553 graduates. Yale Medical College adds but two.

A seasonable question: "Have you sent in your dollar for this year's NEWS?"

Original Articles.

Chronic Suppurative Otitis Media.

A Clinical Lecture delivered at the Michigan College of Medicine by C. J. Lundy, M. D., Professor of Clinical Diseases of the Eye, and of Diseases of the Ear and Throat.

LADIES AND GENTLEMEN:—This morning I desire to call your attention to the patients before you, whose cases present many points of interest.

Case I. The first patient is Mr. L., æt. 65. You see he is of spare habit, that his body is poorly nourished, and that his appearance indicates that he has long been an invalid. His hearing is very much impaired, for you observe that he does not hear ordinary conversation at all. With the right ear he hears the loud voice at a distance of two or three feet. As I press the watch upon the left ear or over the bones of the head, in the vicinity of the left ear, he tells me he does not hear it. The snapping of the finger and thumb nails, which makes a very sharp sound, he does not hear even at the distance of half an inch, with the left ear. The tuning fork—a "middle-C"—when placed upon the forehead or between the teeth is heard very faintly, scarcely at all, with the left, while he hears it very distinctly with the right ear. Upon closing the external meatus of the left ear with the finger we find he hears the tuning fork no better than before. These facts would indicate that the labyrinth of the left ear has at some time been the seat of disease, from which the parts have not recovered. His history would corroborate this view, and is as follows: Ten years ago he was suddenly attacked with violent pain in the left ear, which was soon followed by rupture of the membrana tympani and free discharge of pus. He had an acute suppurative otitis media. Almost from the beginning of the attack he suffered from distressing vertigo which lasted for several days, and which was accompanied with nausea and vomiting. Gradually he recovered from the vertigo, although at the end of two months his gait was uncertain. The discharge of pus from the ear has been pretty constant ever since the first attack, and he now has a chronic suppurative otitis media. During the attack of acute suppurative inflammation of the middle ear there was a labyrinthine trouble which produced the distressing vertigo, accompanied with nausea and vomiting. The precise nature of the affection of the labyrinth it would be difficult to determine. There can be little doubt, however, that the almost complete loss of hearing in the left ear is due to pathological changes within the labyrinth; and it is probable that these changes are the result of an inflammation of the internal ear, secondary to inflammation in the tympanum. The hearing in the right ear began to fail eight years ago, but within the past four years it has been very poor, and grows worse from year to year.

To be brief, the history of the trouble in the right ear would point to chronic catarrh of tympanic cavity. Upon examination of the left ear we find the drum membrane is almost wholly destroyed. The tip of the malleus handle comes well into view; and, as you will observe, the portion of the membrane into which the tip of the malleus was once inserted is entirely absent. You can distinctly see the inner wall of the tympanum, and also some enlarged capillaries which run over it.

As you inspect the right ear you see the evidences of long-standing chronic catarrh of the tympanic cavity. The drum is sunken, the short process of the malleus unusually prominent, the malleus handle foreshortened, the light spot almost absent, and

the drum membrane thickened and somewhat opaque. The old gentlemen also suffers from nasal and pharyngeal catarrh, and this catarrh which has existed for many years was probably the starting-point of the aural catarrh.

Case II. The second patient is Minnie F., æt. 20, single ; the patient is in good general health, strong and well nourished, and forms a striking contrast with the first patient.

Seventeen years ago, as far back as she can remember, she had measles, and during the course of the measles she had pain, followed by discharge from the ears. Tne acute otitis terminated in a chronic suppurative otitis media, and for seventeen years her ears discharged pus every day until she came under my care four or five weeks ago. When I first saw her, her hearing power was about ten inches for the watch with either ear, but now you observe, she hears the watch four feet distant.

On inspecting the left ear you will observe there is no longer any discharge, for the epidermis of the external auditory canal has extended into the tympanic cavity, and the drum has, so to speak, become "skinned" over. This is a very happy termination of this long-standing suppurative inflammation, and one which it is desirable to attain where there is no prospect of restoring the drum membrane.

The right ear is still discharging a little pus mixed with mucus—there is, in other words, a muco-purulent discharge in which the mucus element decidedly predominates. You will observe that there is still quite a large perforation in the drum membrane, and that around this perforation there is a large margin of cicatricial tissue. This is the result of the process of repair which is actively going on in the drum membrane. If this process of repair should continue as active as it has been since treatment was begun five weeks ago, we may expect to find this drum membrane entirely healed within a month. But the prognosis must be guarded, for the complete healing of a drum membrane is rarely effected after a period of seventeen years. Another point to which I wish to call your attention in connection with this case is the motion of the secretion in the tympanic cavity of the right ear, which is synchronous with every pulsation of the heart. It is something rarely observed, and is due to the motion of the tympanic vessels as the blood is driven through them from the heart. In both these cases there is some hyperplasia of the tympanic mucous membrane, but this is by no means as marked as you will often find it.

These patients have escaped most of the results of chronic purulent otitis media as polypi, caries of the ossicles, dislocation of the ossicles, caries of the walls of the tympanum, mastoid disease, meningitis, phlebitis, paralysis, etc.

Case III. The next patient which I present to you, however, has not escaped the consequences of chronic suppurative otitis media, as you will readily see on examination. The patient's name is Patrick H., æt. 35. He is apparently in fair general health, although inclined to be anæmic. As long as he can remember he has had a discharge from his left ear. He does not know the origin of it, and does not remember whether the primary inflammation was painful. Two years ago a discharge of pus took place from the right ear, and it has continued to discharge steadily ever since. There was no pain in the ear at any time. These painless cases of acute (?) suppurative otitis media are less amenable to treatment than others, and are more liable to terminate in the chronic form. You see the patient's hearing is very much impaired, and as you examine the ears you can easily see sufficient cause for the impaired hearing. In the left ear you observe a large mass of a grayish blue color and rounded outline, which completely fills the external auditory canal. This is an aural polypus. On inspecting the right ear you will observe a similar growth, but one not quite so large.

Polypi are one of the many results of neglected cases of chronic suppurative inflammation of the tympanic cavity, and may be looked upon as a symptom of disease rather than a disease *per se*. Authors classify polypi under four heads, but the varieties other than mucous polypi and fibrous polypi are almost never observed in the ear. The mucous variety includes about nine-tenths of all cases of aural polypi. They consist of a delicate stroma of connective tissue, in the meshes of which are spindle-shaped stellate cells, and they are covered by a single or double layer of epithelial cells. They grow from the tympanic mucous membrane. Fibrous polypi consist of a dense connective tissue, having but few cell elements in its fibres, and are covered with several layers of pavement epithelium. The fibrous polypi usually grows from the sub-mucous connecive tissue and periosteum of the tympanic cavity. They sometimes, though rarely, grow from the external auditory canal.

These growths may be removed with the galvano-cautery, or with Blake's modification of Wilde's snare, such as I here show you. You observe how I manage to slip the wire over the tumor that I may cut it off at its attachment, and now tightening the wire, you see I have easily removed this large polypus.

Case IV. The next patient is S. B. Twelve years ago he "took cold," which was soon followed by severe pain in the ear and subsequent suppuration. His ear has discharged pus almost constantly ever since that time. On inspection you will see that this ear also contains a polypus. There is a decidedly offensive odor from the ear, and in addition to the polypus caries of the tympanic walls may also be present. However, retained and decomposing pus, together with polypi, usually gives rise to a very foul and penetrating odor ; and until the polypus is removed and the ear thoroughly cleansed, we could not readily determine the presence of caries in the tympanic walls. As this gentleman will not consent to the removal of his polypus, I shall say a few words on the management of chronic suppurative otitis media.

You must cleanse such ears thoroughly, and for two reasons. First, these discharges, if allowed to remain, undergo decomposition, as would any other

animal matter, and in such condition they act as irritants and prevent the return of the parts to the normal condition. Second, if you desire to make applications to the diseased surface, you must cleanse that surface, else your treatment will not avail you much. Cleanliness, then, is of the utmost importance, and many of these cases would get well without more active treatment if the ears were kept thoroughly clean. How shall this be done? By means of the aural syringe, such as I show you; with the cotton mop (a piece of absorbent cotton twisted on a cotton probe), and by the use of the Politzer air-bag. The ear should be syringed two, three or four times daily with a pint of warm water, in which you may dissolve a little soap, some common salt (a teaspoonful or more), or some carbolic acid—the latter if there is offensive odor. The cotton mop you will find a valuable aid in cleansing such ears, and the Politzer air-bag should be used not only for the purpose of cleansing the middle ear, but also as an important therapeutic measure.

Where polypi exist as in cases three and four before you, the treatment must begin with the removal of the polypi. I say *begin*, for this is only the first step in the treatment. After the polypi have been *thoroughly* removed the treatment will not differ essentially from that of the other cases.

After thoroughly cleansing, astringents and caustics of various kinds may be used. In the cases one and two before you, a three grain solution of permanganate of potash has been instilled into the ear, daily; and with the cotton mop applications of nitrate of silver, varying in strength from thirty grains to half an ounce to the ounce of water, have been made two or three times a week. To the permanganate of potash I largely attribute the success in case two. You may use sulphate of zinc, grains five to ten to the ounce; sulphate of copper, grains three to five to the ounce; powder of iodoform, alum and other remedies as your judgment will direct. One thing you should always remember, and that is, to warm fluids before instilling them into the ear. If an opening in the drum membrane remain after the inflammation has subsided and the discharge has ceased, the artificial membrana tympani may greatly improve the hearing.

Prolapse of the Womb from Hypertrophic Elongation of the Supra-Vaginal Portion of the Cervix.

BY WM. GOODELL, M. D.

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(Special Report for the MICHIGAN MEDICAL NEWS.)

No two gynæcologists exist who think alike upon this subject. My own idea is that supra-vaginal elongation occurs generally in women who have had children, and very rarely in virgins. We find a tumor projecting from the woman's person and resembling the penis of a horse. The pendant mass is much larger than the male organ. This condition ought never to be mistaken for anything else. You settle upon your diagnosis, first, by trying to find the vagina, which is, in reality, inverted. There is, in other words, no vagina. Then pass your sound up, and just here I may tell you that very often in these cases, when you have passed your sound up three inches or more, it will stop short, and you may have to coax and bend it for some time before you can persuade it to go any further. I give you this warning that you may not be misled into thinking that you have obtained the full measurement when the sound shows only three inches. I have had measurements of seven inches. The bladder is almost always prolapsed in these cases. Beside the bladder there are two other important organs in the tumor. Douglas' pouch is closely attached to the womb, and often falls to the level of the os externum. So, too, with regard to the anterior pouch of the peritoneum, *i. e.*, both utero-vesical and utero-rectal pouches are dragged down.

Here is the position of the posterior pouch in this painting. You see how far down it has fallen. The anterior pouch is usually not as low down as the bladder. In a recent case in which I performed amputation, I entered the anterior pouch and not the bladder. In that instance there must have been some malposition of the parts.

Let me recapitulate the diagnostic guides in these cases: (1.) The cervical canal is greatly lengthened; (2.) there is no vagina, and (3.) the bladder is very much prolapsed, as you may determine by passing the sound into it at right angles with the axis of the body.

Why do I speak of elongation of the supra-vaginal portion of the cervix? The vaginal cervix is enlarged laterally, but not elongated. That part which is elongated is the portion of the womb or cervix lying above the vagina.

The womb is generally described as having a body, or corpus, and a neck, or cervix. The latter is divided into two unequal parts—the glandular portion, containing the nabothian glands, which is comprised between the os externum and the os internum, and the non-glandular portion, or isthmus of the cervix, viz., that intermediate and contracted portion which unites the fusiform and glandular cavity of the neck to the triangular cavity of the body. The ouside length of the healthy multiparous womb is about three inches. The glandular portion of the cervix measures approximately one inch and a quarter, the isthmus one-half of an inch, and the body one inch and a quarter.

By the terminal fibres of the vagina, which gird it at the middle third of its glandular portion, the cervix uteri is still further divided into the infra-vaginal and the supra-vaginal portions. The free extremity corresponds to the infra-vaginal portion, about which there is no dispute. But the supra-vaginal portion of the cervix, as commonly described, is that portion of it which lies between the apparent vaginal insertion and the os internum. Anatomically, this portion of the cervix is limited to the isthmus, and is therefore above the glandular portion. For, although the bulk of the vaginal fibres lies below the internal os, and the surface of attachment is, to the eye, a

narrow one, yet, in reality, it is a broad one, covering two-thirds of the cervix, and reaching up to the os internum, where its fibres end.

Again, the base of the bladder rests upon the anterior wall of the vagina, to which it is fused by connective tissue, and it is also firmly attached to the anterior aspect of the cervix as far up as the os internum. These fibres of attachment are so closely blended with those of the vagina that the supra-vesical portion of the cervix is practically the supra-vaginal portion, and each, therefore, lies above the os internum, and consequently above the glandular portion of the cervix. The term prolapse, as applied to elongation of the supra-vaginal portion of the cervix, is a misnomer, because the cervix protrudes from the vulva more from elongation than from displacement.

If you suppose a constant state of traction you will have elongation as a result of the dynamical force below, in the shape of an elongated cervix, pulling down, and the static force above, or broad ligament. I give you a fair illustration of what takes place when I mention candy pulling, in which you know it is not the ends but the intermediate portion that is spun out. What is it which pulls out this intermediate portion? Some say hypertrophy; if hypertrophy alone, why is it no larger than my index finger? It looks to me very much as if it were the result of traction. I think that the majority of gynæcologists hold to the traction theory.

This is the way in which I explain the process: A woman suffers from laceration of the cervix in labor ; involution is arrested; the womb becomes flaccid and ductable; the vagina, which has been hypertrophied, ought to take on involution, but the same causes do not affect it which affect the womb; the perineum is, perhaps, functionally weak; the the vagina pulls down the neck of the womb and the bladder. The moment a little pouch of bladder comes down every effort at micturition, or straining, pulls the bladder further down, hence a constant state of traction upon the cervix, which causes congestion, and consequently superabundant nutrition, or hypertrophy of the parts, rendering them still more plastic and ductible. This is what will take place if the broad ligament holds fast. In cases of ovarian tumor, however, I have seen exactly the reverse occur. There the vagina was the static force, and the tumor, pulling up, the dynamic force—the vagina taking on exactly the same state of hypertrophic elongation.

There ought to be no blunder made about diagnosis here. In most cases the fundus is nearly in its normal position, once in a while there will be complete prolapse; the broad ligament gets tired out and gives way, and then the cervix looks more like the snout of a pig than anything else. The womb is turned over, and the cervix projects like a snout. In these cases, too, you can circumscribe the whole tumor between your four fingers and the sound. These cases are rare.

Having diagnosed the condition, what is the rational treatment? Evidently something which will bring about involution of both vagina and womb. How is this to be accomplished? Plainly by producing a raw surface which shall take on retrogressive metamorphosis. If you cut off the end of the cervix in these cases, the vagina behaves exactly like an overstretched rubber band, *i. e.*, springs back. After you have amputated, Spooner's and Goddard's pessaries will keep the womb up, but they are likely to give rise to so much pain that the woman prefers to go about wearing a simple T bandage. There is no support, after all, which can compare with this.

You will but rarely succeed in curing these cases. They are not often met with in the higher walks of life, but generally occur among cooks and washerwomen, who stand upon their feet a great part of the time and lift heavy weights. Now if you could put such patients to bed, and operate on the cervix, and use pessaries of tannin and opium, and intra-uterine injections of hot water, you might cure them, but this is not possible. I have often operated and failed. My most successful cases have been those in which I have brought on marked retrogressive metamorphosis by amputating a considerable portion of the elongated cervix.

I always insert my little finger into the bladder in these cases, so as to avoid cutting into it. With Douglas' pouch you have to take your chances. You will invariably cut into it at some time or other during your life. Only last year I cut into Douglas' pouch, but fortunately the woman got well. I cannot help thinking that a great many fatal cases have occurred which have been allowed to go unreported. Still, on the other hand, I think that the peritoneum has been overrated, and that we are much more afraid of injuring it than there is any necessity for.

Notes and Comments on Cases from Private Practice.—A Case of Renal Dropsy following Scarlatina.

If diseases were entities and free moral agents, like their victims, I think those most familiar with their workings would most agree with me in pronouncing scarlatina at once the most malignant, the most treacherous, and the most vindictive disease on the long list of human ills. It sometimes strikes with effect as speedily fatal as that of the most deadly disease; at times it is apparently of but trivial severity, only to throw its victim off guard to deal him a fatal blow; and again, when it has to all appearances taken its departure without having accomplished much mischief, it returns, as if chagrined at having been foiled in its first attempt, to sow the seeds of a lifetime of suffering.

Experience has but too clearly shown that the mildest cases of scarlatina are not the least fraught with danger for the future, and that much mischief has resulted from regarding too lightly cases which from their mildness created the suspicion that they may possibly have been some other and more kindly disease. The dangers which are prone to follow in the wake of the mildest cases of scarlet fever should admonish the physician to insist with all the force in-

herent to his vocation on the importance of freedom from exposure for weeks, and even months, after all the ordinary traces of the disease have disappeared.

But in spite of all care secondary troubles (sequelæ) do sometimes follow. Among these none is more serious than the renal complication, and few more obstinate. The following case may serve to illustrate:

Mary B., æt. 8 years, was taken down February 17th with a mild attack of simple scarlatina, which ran the usual course, the only difficulty experienced in treatment being that of keeping the patient confined to her bed. In ten days all symptoms had completely disappeared, and my visits were discontinued with the injunction of care against exposure. March 15th I was sent for, to find the patient suffering from slight dropsy, generally diffused (anasarca). The urine was scanty, and showed slight traces of albumen; constipation. She complained of a dull aching in the loins, but had no fever. I ordered a mixture of cream of tartar, digitalis and acetate of potash, as follows:

℞. Potass. bitartratis..... ʒ ij.
" acetatis..... ʒ j.
Tr. digitalis..... ʒ j.
Syr. simplicis.....
Aq. font..... ää ʒ jss.

Mix. Sig.—A teaspoonful in a half glass of water every four hours.

Saw her again on the 17th. Found no improvement, but rather an aggravation of the condition, the urine showing a greater quantity of albumen. Ordered prescription continued alternated every two hours with four drops muriate tincture of iron. This treatment was continued till my next visit, on the 20th, when I found my patient still no better, but rather worse. The urine was if anything more scant, with the proportion of albumen not lessened. Loath to discontinue my favorite diuretic in such cases, I nevertheless found it necessary to try something else, and continuing the iron, substituted for the other mixture the compound decoction of broom in ounce doses. Ordered also applications of warm turpentine stupes over the region of the kidneys and confined the diet exclusively to skimmed milk.

This treatment was continued for a week with but slightly perceptible diminution of the anasarca, although the urine was somewhat increased in quantity. Ordered now the stupes to be discontinued and hot vapor baths to be substituted. These were given by placing the patient on a cane-seated chair under which was set a tin vessel containing the water, which was heated by a small spirit lamp. A large quilt being thrown over the child, covering both it and the chair completely, a profuse perspiration was induced.

Calling after this treatment had been continued three days I was agreeably surprised to find the dropsy much reduced. The kidneys had also begun to act with much greater freedom. From this time improvement was gradual; in about four weeks after the anasarca first appeared it had entirely departed. The patient was left very anæmic, but under a generous diet, chalybeates and out-door exercise color and strength returned.

It would of course be impossible to say, in this case, to which of the agents employed the recovery was due. Possibly the congestion or inflammation of the kidney might have subsided without treatment, but it is most likely that the favorable outcome was, in part at least, due to the treatment.

Selections.

Decalcified Bone Drainage-Tubes and Permanent Dressings.—From advance sheets of the forthcoming number of *Langenbeck's Archiv.* we make the following abstract of a paper by Dr. G. Neuber, Privat-docent at Kiel and Professor Esmarch's surgical assistant, on the use of decalcified bone drainage tubes in antiseptic permanent dressings. These drainage tubes are made of different sizes by turning and drilling cylinders of bone, removing the lime salts by maceration in a mixture of one part of muriatic acid and two parts water, hardening them in alcohol, and preserving them in carbolized oil, 1:10. This makes a firm rigid tube, having somewhat the appearance of glue. The tubes are used like ordinary drainage tubes, made fast to the edge of the would, and cut off flush with the surface. If the wound does not suppurate all that portion of the tube which lies below the surface is absorbed by the action upon it of the granulations, and the outer portion comes away in the dressing as a small ring. If the wound suppurates freely the tube is not absorbed; and if the wound bleeds and a clot forms about the tube, the latter remains unchanged for an indefinite period under the skin, which heals over it. This happened only once in upward of two hundred trials, and the presence of the tube was mistaken for a return of cancer in the axilla, and led to a second operation.

The results obtained by Esmarch by the permanent antiseptic dressing with the aid of these tubes are well worth notice. He obtains primary union and complete closure of the wound in about fourteen days under a single dressing after removal of tumors, amputation, and resection of joints; and even after operations for the removal of a sequestrum or of carious bone Dr. Neuber has found the wound almost healed after the lapse of the same period.

His method of dressing is based strictly upon the principles enforced by Mr. Lister. After careful arrest of bleeding and closure of the wound by catgut sutures, he places over it a square bag of gauze filled with carbolized jute, and fixes it there by means a carbolized gauze bandage, striving especially to obtain adequate and uniform pressure so as to keep the divided surfaces in contact. With the same object in view he then surrounds the limb with a firmly drawn rubber band, the turns of which overlap the dressing by at least two finger-breadths on all sides.

Five months' experience with the tubes and this mode of dressing gave the following results: one

hundred and one operations, including twelve amputations of the thigh healed under a single dressing in a fortnight or less, all but six of them without suppuration, and all without fever other than the rise of temperature which sometimes occurs the first two or three days after an operation, and is known as "aseptic fever." Twenty-seven other cases required more than one dressing ; of these sixteen were without fever and with but slight, if any, suppuration. The remaining eleven showed temporary rise of temperature and moderate suppuration. Three cases died: First an amputation of the thigh in a septicæmic patient; second, a removal of cancer of the neck, death caused by hypostatic pneumonia; third, a resection of the hip. death by collapse in six hours. —*Archives of Medicine.*

Cold Clysters.—J. Lapin (*St. Petersburg Med. Wochenschr.*, 1879, No. 22), has continued the investigations of Folty, Ruthenberg, Boyer, and Schlykowa, upon the anti-pyretic action of cold clysters. The experiments were made upon patients suffering from fever, upon those who had no fever, and upon those who were healthy. The temperature was taken in the axilla while the patient lay on his back, as well as in the rectum and in the hypogastric region. The clyster of one litre of water at 5° or 10° C. was then administered, and the temperature was again noted after the water had been ejected. From this method of experiment the following results were obtained : (1) The cold clyster is an active agent in lowering the temperature, its results being tolerably persistent. (2) Clysters of 10° C. were in every case well borne by the patients, and sometimes left behind them an agreeable sense of invigoration extending over the whole body, though in other cases they induced unpleasant sensations in the abdomen. In patients suffering from recurrent fever they even produced shivering. (3) The diminution in the temperature which occurs after the administration of cold clysters is greater in feverish patients than in those who are free from fever or who are healthy. (4) Cold clysters not only lower the temperature, but also affect the pulse and respiration to a considerable extent. (5) The most marked diminution is noticed in the rectum and then in the hypogastric region, while the least fall is in the temperature of the axilla. (6) Defecation follows the use of cold clysters at variable times in different persons. (7) It is certain that the cold is preferable to the warm clyster in all cases in which an enema is merely required for the purpose of emptying the bowels in non-febrile patients. This is especially the case when it is desirable that these intestines should exercise a tonic action after the evacuation, or that it should be followed by a diminished supply of blood to the pelvic organs. (8) The advantage of the cold clyster over more energetic antipyretic means such as quinine, alcohol, sodium, salicylate, and other tonics, consists apart from its simple application in the fact that it fulfills other indications besides that of lowering the temperature. (*a*) It removes the stagnation of masses of feces, which are so frequently met with in feverish patients ; (*b*) It contributes to the removal of gases, and diminishes meteorism ; (*c*) By these means it causes the diaphragm to move with greater freedom, and enables the organism to remove the sources of its self-poisoning by means of the intestinal gases, a poisoning which must occur if only to a small extent at each stoppage in the movement of the feces onwards ; (*d*) Cold clysters consequently lessen to a certain extent the afflux of blood from the intestine to the neighboring organs, such as the uterus and urinary bladder.—*Practitioner.*

Hypodermic Use of Arsenic in Chorea.—Dr. William A. Hammond (*St. Louis Clinical Record*), states that for the last ten years he has used hypodermic injections of Fowler's solution in obstinate cases of chorea. Recent cases generally yield to the use of arsenic by the stomach, or often get well without any treatment at all. In administering arsenic hypodermically some caution is necessary to prevent cellulitis and abscesses. The point of injection should be selected where the skin is loosely attached to the subjacent tissues. The point near the insertion of the deltoid which is so often selected for the injection of other substances should not be selected in the use of arsenic. At this point the injection would cause much pain, and would be likely to form an abscess. The best point is on the forearm about midway between the wrist and elbow. The arsenic The arsenic should be deposited just under the skin in the cellular tissue, and not in the skin nor in the muscle. "Neglect of this point will almost invariably lead to the formation of abscess. The point of the syringe should therefore be carried through the skin and then for about half an inch parallel to the surface of the arm. The injection should then be made slowly, and it is well to lift up the skin over the place where the injection has been made, so as further to facilitate its absorption. And, last lastly, it is not well to inject the undiluted Fowler's solution, for if this provision be not followed, cellulitis, erythema and intense pain will certainly be produced. The dose which it is deemed proper to inject should be diluted with at least an equal quantity of water, or, preferably of glycerine. The latter substance seems to be more readily absorbed, and to produce less irritation than water." The dose used hypodermically may be much larger than that usually given by the stomach, and in this lies one of the chief advantages of this form of administration. Dr. Hammond states that he has frequently given in this way an initial dose of thirty-five drops of Fowler's solution, an amount which would not be tolerated by the stomach. Again he has carried the use of arsenic by the stomach to the utmost bounds, "till the eyes were puffed and vomiting almost incessant, and then I have continued the arsenic in larger doses by hypodermic injection with the result of the cessation of all gastric symptoms, and the rapid cure of the disorder." A number of cases showing the beneficial effects of this treatment are reported,

THE EARTH TREATMENT OF ABDOMINAL TUMORS.—Dr. Addinell Hewson, of Philadelphia, has successfully treated by earth-dressing several cases of abdominal tumors, where either ovariotomy has been indicated, or when the case has been considered hopeless. An account of his proceedings may be found in No. 1 of the *Medical Bulletin*, published in Philadelphia. The material he used was pure brick clay of a yellow tint (due to the iron in it) and free from sand and grit. This was dried by a low fire or in the sun, care being taken not to let it be roasted, because in such a case its therapeutical action was destroyed. It was then rolled and sifted, and about a pound and a quarter mixed with sufficient water to constitute a thick paste was spread all over the affected part. To make it dry quickly he laid a towel over it to absorb the water; the towel was then removed, and in its place a layer of cotton-wool was smoothly spread on the paste for the purpose of hastening the drying, and of holding the clay, when dry, in its place. The dressing was then completed by a single bandage, and allowed to remain till it would fall off in from two to five days. He attributes the action of the earth to some chemical property, which also has a calming influence on the pain. One of his first patients was a gentleman who was suffering from abscesses and diffuse inflammation of the cellular tissue of the knee, and had made up his mind to have his leg amputated. He recovered the use of his limb, and was completely cured. The other patients who derived benefit from his treatment were all women suffering from tumors of the uterus and broad ligaments; one of them had narrowly escaped ovariotomy. Another had for years suffered severe pain during the catamenia, caused by a fibro-cystic growth which involved the right ovary. In a third case the patient had previously undergone ovariotomy, and induced electricity had been applied through the uterus. The tumor grew again after the operation, and proved to be in reality a fibrous tumor of the uterus; there were besides several points of hernial protrusion of the bowels, on the spot of the wound, and she had the appearance and size of a woman at full term. The earth-dressing was applied under very unfavorable circumstances, but still proved successful, reducing her in size and preventing the hernial protrusions of the bowels by contracting the cicatrix.

ON THE TREATMENT OF INTERSTITIAL HEPATITIS.—At the Amsterdam Congress, (1879). Prof. Semmola communicated the following observations in propositional form: 1. Clinically there is observed an interstitial hepatitis with hypertrophy of the liver, which may be confounded with interstitial hepatitis in the sclerosed stage, having similar symptoms when the physical examination of the liver is obscured by considerable ascites. 2. The casual conditions connected with this hypertrophy found in the cases observed by the author were malaria, alcoholism, the abuse of irritant foods—never syphilis. The most successful treatment is an exclusive and vigorous long-continued milk diet, and the prolonged use of ever-increasing doses of iodide of potash (from 1 to 4 grammes in the twenty-four hours), dissolved in a litre of water, and drunk at intervals. 4. A reconstituent alimentation and tonic medication are attended with no improvement, but augment the patient's suffering, aggravate the disease of the liver, and, in cases otherwise curable, render the affection mortal. 5. Under the treatment indicated, the distended subcutaneous veins slowly disappear simultaneously with the ascites, the digestion improves, as likewise nutrition, and the patient gets well: the liver, however, may still remain more or less large and hypertrophied even after two years.—*Gazz. Med. Ital. and Lo Sperimentale.*

IODIDE OF POTASSIUM AND CALOMEL IN OCULAR THERAPEUTICS.—Dr. W. Schlæfke directs attention (*Arch. of Ophthal.*, xxv, 2) to the danger of dusting the eye with calomel while the patient is taking iodide of potassium internally. He shows (1) that the latter drug enters the circulation and penetrates to every part of the system with great rapidity; its presence in the various secretions, more particularly in the tears, may be demonstrated in a few minutes after administration. (2) That when iodide of potassium is being taken, even if only to the extent of seven or eight grains twice daily, it is constantly present in the tears in demonstrable quantity. (3) That calomel, though only very sparingly soluble in water, dissolves ten times more freely in a three-fourths per cent. solution of common salt. (4) That calomel, when dusted on the conjunctiva, is dissolved to some extent, and unchanged, in the lachrymal secretion, and then acts as a chemical agent. (5) That when calomel comes into contact with tears containing iodide of potassium in solution, iodate and iodide of mercury are formed. (6) That both of these substances are soluble in the presence of iodide of potassium or common salt, and that when so dissolved they have a powerful caustic effect on the conjunctiva and excite violent inflammation therein. (7) That for the foregoing reasons the external use of calomel should be avoided so long as the tears show traces of the presence of iodide of potassium.—*Medical News and Abstract.*

SUBSTITUTE FOR COFFEE.—A new candidate for public favor as a substitute for coffee is made from raisins. According to a German patent, it is made as follows: forty pounds of raisins are reduced to pulp and mixed with forty to eighty pounds of chiccory-root flour. The mixture is roasted on a hot plate under continuous stirring, until a a sample, after cooling, is found to be brittle. It is then ground fine.

Take twenty more pounds of raisin pulp, add to it twenty to forty pounds sugar and four to eight pints of water, or instead of sugar take twenty to forty pounds of molasses. This mixture is boiled until a sample becomes brittle when dipped in cold water. Add now sufficient water to give to the whole mass the consistence of thin syrup. After cooling mix it with the first prepared raisin and chiccory powder, till a moist mass is obtained,

Formulary.

PROPHYLACTICS FOR SCARLET FEVER.—Dr. Hager, induced by the favorable reports of Dr. Barder, of Morristown, N. J., of the use of salicylic acid as a prophylactic against scarlatina, has devised a species of troches or lozenges, composed of the following ingredients :

Salicylic acid	10 gms.	154 grs.
Benzoic acid	1 "	15 "
Sugar, powd	100 "	1,540 "
Oil of anise	5 gtt.	5 gtt
Tragacanth, powd	2 gms.	30 grs.
Licorice root, powd	2 "	30 "
Glycerine	6 "	93 "
Distilled water about	4 "	60 "

To be made into troches or lozenges, which are to dusted over with powdered licorice root. They are to be taken mornings and evenings, being gradually chewed and swallowed, and followed by water or sweetened coffee. The number to be administered at a dose depends on the age of the children, and should correspond to a number expressing *one-half* of the child's age (one, if two years ; two, if four years; five, if ten years). Their use should be continued as long as there are any scarlet-fever patients in the family or in the house.—*Pharm. Centralhalle.*

HAGER'S SCIENTIFIC DINNER PILLS.

Sulphate of cinchonidia	75 grains.
Pepsine	1 ounce.
Powd. ginger	45 grains.
" allspice	45 "
" cardamoms	45 "
" gentian root	90 "
" marsh-mallow root	90 "
" tragacanth	90 "

Make into a pill mass with the following excipient :

Glycerine	150 grains.
Concentrated hydrochloric acid	90 "
Water	90 "

Make into three hundred pills, which may be gelatine or sugar coated, but must not be subjected to too great a heat.

The dose is: After meals, four to six pills, within one hour, or until the feeling of oppression has disappeared. In loss of appetite, take, two or three hours before meals, one or two pills every hour, and after meals four pills.

CHEAP INDELIBLE INK.—Braconnet recommends the following: Twenty parts of potassa are dissolved in boiling water, ten parts of fine cut leather chips and five parts of flowers of sulphur are added, and the whole heated in an iron kettle until it is evaporated to dryness. Then the heat is continued until the mass becomes soft, care being taken that it does not ignite. The pot is now removed from the fire (allowed to cool), water is added, the solution strained, and preserved in bottles. This ink flows easily from the pen.

UNIVERSAL CARBOLIC COMPOSITION.

Hager has devised the following *mixtum compositum* for veterinary and farmers' use. It keeps sores clean, kills lice, cures scab and itch, keeps of flies and mosquitoes from animals, protects seed corn, etc. Of course it will have to be diluted properly:

Ordinary benzoin	100 parts.
Aloes	50 "
Crude salicylic acid	25 "
Oil of spike	50 "
Oil of star anise	10 "
Alcohol	1,000 "
Crude oleic acid	100 "
Caustic soda	60 "
Borax	25 "
Water	500 "
Crude carbolic acid	3,000 "

Rub the benzoin, aloes, and salicylic acid to a fine powder, and add them to the essential oils dissolved in the alcohol. After a day's maceration, add to the mixture the oleic acid, the soda, and the borax dissolved in the water, and, lastly, the carbolic acid. Shake the whole well for half an hour, and after one week's maceration in a cold place, decant the clear liquid. For use, shake well with twice its bulk of water, and add 100 to 120 times it bulk of water, stirring thoroughly. For scab and itch, dilution with only thirty or forty times its bulk is necessary.

POWDER FOR SWEATY FEET.

℞	Salicylic acid	25 parts.
	Alum, powd	50 "
	Potato flour	200 "
	Oil of bergamot	10 "
	Alcohol	50 "
	Talc, powd	700 "

DIGITALIS BY HYPODERMIC INJECTION.

Digitalis has recently been administered hypodermically with much success in cases of advanced phthisis and of heart failure. The injections at first contained gtt. vj of the tincture of digitalis and ten minims of water. The effects being negative, the amount of the digitalis was increased to gtt. x, with the most decided effects. The pulse fell at once from 120 to 105 in the minute. At one time as much as gtt. xv, of the digitalis was injected with great advantage.—*Episcopal Hospital Philadelphia.*

SALICYLIC ACID MIXTURE.

Dr. J. W. C. O'Neil (*Medical and Surgical Reporter*), sends us the following formula for salicylic acid, which has given much satisfaction :

℞	Salicylic acid	ʒ j.
	Borate soda	ʒ ij.
	Glycerine	f ʒ j.
	Aqua camphor	ʒ jss.
	Magend. sol. morph.	ʒ ss.

M.

Tablespoonful doses in inflammatory rheumatism, 6–12–6, until pain is controlled. Apply locally in liniment of chloroform and comp. tinct. soap.

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

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Editorial.

The Country Doctor.

Man is proverbially discontented with his lot. He grows restive under the most propitious circumstances and chafes under anything of the nature of a yoke. So it always has been, so it is, and so it always shall be unto the end. It is probably well that it is thus, for perfect content casts out the desire to progress. As between the two evils, the discontented mind and that perfectly content under all circumstances, give us the former, the dictum of the authorities we are wont to revere to the contrary notwithstanding. But give us our choice and we should choose between the two extremes as the safe ground, and that from which to build up the exemplary character.

These reflections are aroused by a note recently received from a country doctor, who writes us for our opinion of this city as a place for him to remove to. He is doing a paying practice and has accumulated a little competency, although he is but forty years of age. He is discontented with country practice and wishes to change it for the city. Our opinion is that this city offers just as good an opening as any other city. It is, we presume, not any more thickly studded over with doctor's shingles than any other American city, although it numbers one doctor to every 700 of its actual population, and one to about every 550 of its paying population. We have a population of 130,000, and physicians of all varieties, about 180. Of our population the paupers and dead beats comprise, with their families, according to the most reliable data, about 30,000 souls (if dead beats have souls). We have laid these figures before our country brother, but know not as yet whether he is coming or not. If he takes pains to get figures from other cities, something else besides figures will cause him to seek other pastures than ours, provided he must remove to a city.

But why should he leave the country? It is hard work, he says; he has no genial professional companions, and the opportunities for advancement in the profession of his choice are wanting. The former reason is a selfish one, the latter are plausible. But we beg to assure our friend that all is not gold that glitters. The balance of happiness is after all very equal. The cloud of country practice has, we know from experience, its silver lining, and, per contra, to suppose that the life of the city doctor is one continuous holiday is a delusion. It is true clinical advantages are not so great in the village and country as in the city, but it is doubtful whether immense cliniques have been more helpful to the cause of medicine than the isolated cases in private practice.

By a coincidence our country friend's letter and the April number of *Annals of the Anatomical and Surgical Society*, of Brooklyn, N. Y., containing an editorial on the same subject, were brought to us by the same mail. Our contemporary says:

"The country doctor complains that he is deprived of the stimulus of fellowship; but he is mistaken. The postoffice will keep him closely *en rapport* with his peers, whatever the intellectual rank to which he may attain. Whittier, at Amesbury, lives in a community of poets; with Tennyson at breakfast, Longfellow at dinner, and Holmes lending the sparkle of champagne to his tea-table. So will the country doctor enjoy the real fellowship that he earns. He complains that he is cut off from attending upon the great clinics of the metropolis. Yes, but every case that comes before him is a clinic, if he will but turn it to account. He has but to keep up the scientific habit and purpose of life, and all that he does will have the character and productiveness of scientific work.

The wide domain of experimental science is probably as accessible to the country doctor as to his urban confrére. A laboratory can be established anywhere, and it is from the laboratory that modern science expects to obtain her most important data. Edison's laboratory stands in a metropolis of Jersey mud; Virchow built his reputation in a remote townlet; Mayer, of whom Tyndall says, "as seer and generalizer, Mayer, in my opinion, stands first," was all his life a country doctor; and no man who can obtain control of a garret or a shanty should permit himself to complain that he lacks a που στω from which to move the universe.

Moreover, aids and guides to private study are vastly more abundant and accessible than in the days of Mayer, or the youth of Virchow. To the students of anatomy, the books of Gray and Huxley, a scalpel and the cadaver of an animal, will furnish material for any amount of research. For histology, Rutherford's little book and a microscope will open the way to a life-long career. For experimental therapeutics, what could be more favorable than Ott's monograph, and the plenitude of organic life which is to be found only in the country? If the country doctor would be a chemist, let him start his laboratory, and Morfit's "Manipulations" will tell him all that he lacks; if botany is his choice a microscope and Sach's book will give him an excellent start; or if he cares to join the great army of physiologists, he will find all that he needs in Sanderson's handbook for the physiological laboratory.

But the country doctor complains that he has no time. True enough, perhaps; neither has the city doctor. Only the great workers have time for work.

Dilatation of the Stomach and Its Treatment.

The condition of dilatation of the stomach is, we believe, much more prevalent than is ordinarily suspected. It would, indeed, be remarkable did it not exist in a very large proportion of the cases of dyspepsia which come under treatment. The dietetic habits of the modern individual are eminently calculated to produce dilatation of the stomach. All organs have certain physiological functions, and to habitually impose on them additional labor must ultimately enure it to their lack of physiological tonicity. The overworked muscle in time exhausts itself. It can go on developing to certain fixed limits, but all efforts to force it beyond these result in atrophy and depreciated tonicity. The stomach is the most habitually overworked muscle in the body ; it is habitually, by a large class, refused that physiological rest necessary to recuperation. And not only does the immediate distention caused by the over-supply of food in a previously debilitated organ favor dilatation, but the atony of the walls results in the deficient secretion of the juices necessary to digestion, and the lowered peptic power permits of fermentation with resulting meteorism, which goes still further to aggravate the trouble.

Dilatation of the stomach, not, however, in the aggravated form to which the term is distinctively applied, is very common among beer drinkers. It is no unusual thing, it is, indeed, the custom, for many to drink during the course of the evening ten or a dozen glasses, amounting to nearly a gallon. In the dyspepsia of this class, with its train of symptoms, heartburn, sour eructations, meteorism, etc., dilatation of the stomach is commonly present, and the most efficient means of relief lie in the measures directed to the relief of this dilatation. In the advanced state of dilatation the succussion-splash is a diagnostic symptom.

In dilatation of the stomach the condition of that viscus is not unlike that obtaining in the bladder in retention of the urine. The most persistent attempts of nature at evacuation leave a portion of the contents behind, and thus a constant process of fermentation is secured and the distention and irritation continued. The only effective means lie in catheterism, and all others can promise but little certainty. Internal remedies and the careful regulation of diet may do much, but unless the stomach be daily freed from *all* its contents these will not effect a cure.

The best means of thus relieving the stomach becomes, therefore, a question of much practical interest. The stomach pump has been largely and almost exclusively employed for the purpose, but it has some objections, among which the injury to which the mucous lining of the stomach is liable, is not the least. Dr. T. Clifford Allbutt, of the Leeds General Infirmary, recommends the siphon as a substitute free from these objections. By its means the stomach is washed out and freely irrigated with simple water or with water slightly acidulated with nitric acid, and the mucous membrane thus kept clear and wholesome. For the first few days the treatment may be unwelcome to the patient, but the unpleasant sensations of the tube and its passage are soon overcome, and the relief given is soon found to be so great that patients cry out for its repetition.

At the late meeting of the British Medical Association Dr. Allbutt reported four cases of advanced dilatation successfully treated by the aid of the siphon. The instrument used was a soft œsophageal tube of Parisian make, of black material similar to that of which French catheters are made. This was preferred to those of the ordinary gum-elastic material, or the flexible red India-rubber tubes now in general use. These tubes are more easy to pass than the rubber ones, and are soft enough not to injure the throat. To the tube are attached about three feet of rubber tubing and a glass funnel. The whole operation of emptying the stomach occupies only about three minutes, if the contents be sufficiently fluid. About a pint of warm water was then injected and removed. If there be much semi-solid matter in the stomach, it is more difficult to remove, and may require a more powerful suction-pump. It is remarkable how soon the œsophagus learns to tolerate the tube ; and afer a short time the patient will pass it himself rather than have it done by another hand.

How far this treatment may come into general use, as a means of treating other forms of dyspepsia, it is not for us to say ; but it appears to us to be in every way preferable to the nausea and discomfort of an emetic when the evacuation of the stomach is the only object aimed at.

National Board of Health.

On the 8th inst. there were presented to Congress resolutions adopted by the city of Savannah, Ga., embodying a protest against the conferring of increased powers upon the National Board of Health, as proposed in a bill now before the House of Representatives, declaring such powers revolutionary in their tendencies and contrary to the spirit of our institutions. The special objectionable feature of the proposed legislation lies in the power which it will give the President to proclaim any port of entry as a proper subject for interference and for the carrying out of such measures as the Board may consider called for, upon a report of the Board that an epidemic of contagious disease prevails at the port. The objection seems to be not so much to the simple fact of the conferring of this authority on the Board as to exercise of this authority by the Board as it is at present constituted. The objection seems, moreover, to be strongest from the southern section of the profession, and a convention is called for the last week of this month to be held at Savannah to still further and more emphatically protest against the proposed change.

We cannot, for our part, realize the force of the objections so strongly urged. Viewed from a sanitary standpoint certainly very stringent measures alone can prevail against the spread of yellow fever. From a political standpoint the objections appear, or do not appear just as one man's politics differ from those of the other. We can understand how a bill

which is not "revolutionary in its tendency" politically, but decidedly revolutionary as regards the sanitary condition of the cities in which yellow fever makes its nest, would be a pronounced blessing to the country at large. In view of the ravages of the past and of the more than probable ravages of the coming summer, it would seem that political should be subordinated to sanitary considerations. If the proposed changes are an improvement, let us have them irrespective of their bearing on "the spirit of our institutions." The "spirit" will care for itself if the people are saved the presence of the devastating scourge.

American Medical Association.

The 31st annual meeting of this representative body will be held in New York city on the first Tuesday of June next. The occasion promises to be one of very unusual interest, both from a scientific and from a social standpoint. It is a beautiful fiction that the American Medical Association is primarily a scientific body; so far is this from being the case that when any particular meeting gives promise of doing some really meritorious, that is, original, scientific work, the fact is deserving of especial mention. New York, the commercial as well as the professional metropolis, owes it to herself, to her position among the American cities and to the assumed status of her physicians, to make the coming meeting of the Association such a one as shall demonstrate in its results, in the work it will accomplish, the fitness of the American profession to take rank with that of any other country. The capabilities of the great city for social enjoyment, and the ability of the committee of arrangement to provide such a round of enjoyment as has never been equaled at any previous meeting are not questioned. Will it unite with these such a fulfillment of the purpose for which the Association ostensibly exists as shall make the meeting stand out from among its predecessors as one which will demonstrate the possibilities of the American profession? It remains for New York to remove the stigma cast on the Association that it is nothing more than a huge junketing party. Junketing is by no means an unessential factor of gatherings of this nature, and we are not sure that under proper circumstances it is less important than science, but in an association organized for scientific purposes, it is meet that it be not made the principal feature, as there is reason to believe it has been in times gone by.

We look forward to the approaching meeting with much expectation.

We crave the indulgence of those of our friends to whom we have sent bills, they having already remitted. The bills were made out from the printed mailing list instead of from the written subscription list, as should have been done, and the mailing list being a new one the errors from copying and proof reading had not been detected. We hope to be favored with prompt reminders, by postal card, of errors committed in the sending of recent statements.

Miscellany.

New York Letter.—The remarks in my last letter touching the qualifications of New York as the place for the medical undergraduate to pursue his studies have, as I, of course, had reason to expect they would, been taken exception to. Those taking the exception, be it noted, are, contrary to what might have been expected, not those who have any interest of a personal nature in the matter, but simply those who are engaged in the capacity of lecturers, or professors, in the New York schools. Exceptions from such a quarter are entitled to all the weight which they carry with them.

But whether New York be the proper place or not for the medical student, it must be conceded that it is a good place for medical schools, especially for those whose graduation fees are high; for to such each returning spring must bring much wealth. For instance, this spring, Medical College of University of New York, 200 graduates; Bellevue Hospital Medical College, 142; College of Physicians and Surgeons, 117. Total, 459; average graduation fee, $40; aggregate fees, $18,360, from graduation fees alone. If the classes next season are as large as those of last winter the revenue from the increased fees will be something very handsome.

Occasionally a man dies and leaves behind him a request that his remains be returned to their original elements in a more speedy, and, to him less repulsive, method than that which leaves the body to rot in the bowels of mother earth, viz., by incineration or cremation. Dr. Hahn was one of these. He made a compact with his father-in-law that the survivor should see to it that the deceased was duly burned up. The doctor died the other day and his remains were taken to the Lemoyne furnace, in Pennsylvania, where they were deprived of their carbon, fluids, etc., by rapid oxidation. In two hours what was left was gathered up in the palm of a man's hand and brought back to New York, where they have been urned. Dr. Hahn was a Hebrew and is probably the first of his race, in modern times at least, in whose case cremation was substituted for inhumation. There is said to be nothing in the Talmud against this method and a leading rabbi says that "the liberalizing effects of the cremation of Dr. Hahn's remains will do a great deal of good." Whether the good he refers to is sanitary or spiritual or moral good we are not definitely informed, but as man's moral nature is so largely a reflex of his physical nature, which is in turn so intimately dependent on his sanitary surroundings, it requires no very violent stretch of the imagination to see wherein cremation may, under certain conditions, work moral reform.

Maria Ottwein, an inmate of the Lunatic Asylum on Blackwell's Island, was recently killed by another lunatic. The verdict of the coroner's jury in the case contained some wholesome hints of wider application than to the individual case in hand. It said, in effect, that the assistant physicians and nurses were not paid a sufficient salary, and that for

an insufficient salary it is impossible to secure such competency on the part of physicians and nurses as institutions of this nature, in justice to the great interests at stake, demand ; ergo, that the assistant physicians and nurses on Blackwell's Island are not properly qualified by experience and education for their special duties. The jury said, too, that there is "a lack of proper system, and a general irresponsibility by the commissioners in charge of our asylums and hospitals, who should be men qualified by education and training for the position." And for the moment I was transported to Michigan.

The paper, "Problems of Insanity," read by Dr. George M. Beard, before the Medico-Legal Society, March 3d, has appeared in pamphlet form, and you have doubtless received a copy. At the risk of forestalling any remarks which you may have to make on this interesting paper, I would say that the author is an indefatigable worker in the line of insanity, and is doing more than probably any other man in this country to arouse the profession to a recognition of the importance of recognizing the neurotic element in the diseases of the present times. I have not the special qualifications necessary for a criticism of his latest paper, neither have you space for an extended notice of it. There are several points in it, however, which merit especial mention even at the risk of trespassing. The definition of insanity, for instance, is unique for its conciseness and comprehensiveness : "Insanity is a disease of the brain in which mental co-ordination is seriously impaired."

This definition is grounded on the fact that there is no mathematical dividing line between sanity and insanity ; like neurasthenia, which may lead to it, like inebriety, which may be a part of it, like many nervous conditions, insanity is a disease of degrees ; physiology shades into pathology as the afternoon sinks into twilight, and the twilight deepens into the darkness of night ; there are no points between which we can draw lines, and say, "On this side is sanity, on the other insanity." More than this, the different forms of insanity, by whatsoever names known, shade into each other like the colors of the rainbow, and they become involved with and run into each other ; and do not in practice appear single, special, pure and simple, as some writers, and especially jurists, have declared.

According to this definition, then these *four* factors must unite to make out a case of insanity :

(1.) There must be disease of some kind.

(2.) There must be disease of the brain either direct or reflex with insanity as one of the results.

(3.) The mental co-ordination must be impaired.

(4.) This impairment of mental co-ordination must be serious ; the word serious being used in a relative sense.

Insanity is a barometer of modern civilization. By this test alone one may measure the relative advance which any nation of recent times has made, or is making, or even bids fair to make, in the myriad and complex activities that distinguish modern from ancient life. Though existing in all recorded ages and among all peoples, and known under various and inconsistent names and superstitions, yet it is rare, and has always been rare with the savage, the barbarian and partly enlightened ; there is no race, no climate, no institution, no environment that can make insanity common, except when united with and reinforced by brain-work and in-door life.

It is not so much the play of the machinery, or the rapidity of movement, as the *friction* that wears. The telegraph alone has multiplied many fold the friction of life. The rise and expansion of the sciences—by which we mean all shapes and forms of organized knowledge—have changed the conditions of existence as though we were transported to a new planet, or even carried over the boundaries into another universe : a burden of facts and fancies—the demonstrably true, the demonstrably false, with endless visions of the indemonstrable—have been rolling up through the ages until the educated man is crushed and powerless beneath his acquisitions, or must carry them slowly and painfully to the journey's end. When we consider what our children are taught, and how they are taught ; when we essay the above human task of measuring the height, the length and breadth of the non-expertness that surrounds, as an impenetrable wall, the entire system of modern education from infancy to the university, our amazement is that so large a proportion of intelligent moderns are so thoroughly sane.

Dr. C. H. H. Sayre died at his residence last Monday night from exhaustion superinduced by excessive hæmorrhage. His death was brought on by an accident. While leaving the Gilsey House, on the 5th instant, he tripped on the coping stone and fell down a deep areaway, and, falling on his knees, sustained a compound comminuted fracture of the left femur. He was picked up unconscious. The bones protruded so extensively that it was found necessary to saw the ends off before the parts could be brought into apposition. Counter openings were then made, drainage tubes passed through the thigh, and the whole fixed in plaster-of-Paris, after Markoe's method. The operation lasted more than two hours. It was hoped that notwithstanding the serious nature of the accident, Dr. Sayre's vigorous constitution would carry him through, but these hopes were soon doomed to disappointment, for though he partially rallied from the shock, he sank from exhaustion on the 12th inst. Deceased was born in this city, May 14, 1850. He was graduated at Bellevue in 1878, and appointed there as clinical assistant of orthopedic surgery. He afterward received the post of Outdoor Surgeon of the Poor Department of Bellevue. He accompanied his father, Dr. Lewis P. Sayre, abroad, and whilst in Amsterdam was the recipient of a banquet from the Medical Association of that city. A brilliant professional career was cut short by his untimely death. He was genial, whole-souled, and his charity was boundless. It has been said of him that he took the coat off his back to cover a shivering mendicant. He was an ardent lover of sport, and was prominently connected with the New York Kennel Club. Dr. Robert Foster

attended him in his last moments. The remains were interred in the cemetery of the St. Andrew's Church, Harlem.

The sympathies of the profession will go out towards Dr. Sayre's parents in their sad bereavement. Charlie was their first-born, and on him his father's hopes were centered. He showed much enthusiasm, energy and skill in his profession, and his future promised much.

THE MICHIGAN STATE BOARD OF HEALTH.—The regular quarterly meeting of the state board of health was held in Lansing on April 13. The members present were Dr. H. O. Hitchcock, of Kalamazoo, Leroy Parker, of Flint, Rev. D. C. Jacokes, of Pontiac, Dr. J. H. Kellogg, of Battle Creek, and Dr. H. B. Baker, secretary.

The president, Dr. Kedzie, being absent, Dr. Hitchcock was chosen president *pro tem.*

The secretary presented a letter from Dr. Kedzie, stating that the severe illness of his son, Prof. W. K. Kedzie, would prevent him from attending the meeting. In this connection the board adopted a resolution expressing sincere sympathy for Dr. Kedzie and family.

The secretary read the quarterly reports of work in the office for the quarters ending Jan. 7 and April 13 respectively.

The secretary presented some documents issued by the local board of health of Tecumseh, as illustrative of what a live, energetic board of health might accomplish.

Mention was also made of the health officers and authorities of Lansing, who have done good sanitary work, and succeeded in establishing a system for the collection and registration of vital statistics, which requires burial permits, Lansing being the first city in the State to take this commendable step. Muskegon, under the leadership of Mayor Holt, was also mentioned for active efforts for the prevention of disease.

A communication from C. H. Voute, of East Saginaw, stated that he desired to form a circuit of towns and cities in this State, for using the odorless excavating apparatus for the removal of contents of privy vaults. A resolution was adopted recommending local boards of health to secure the cleaning of vaults by means of such apparatus, wherever the dry earth system is not in use.

The present editions of the documents on the Restriction and Prevention of Scarlet Fever, and on the Restriction and Prevention of Diphtheria, being practically exhausted, it was decided to have them revised, published in the next annual report, electrotyped, and a large edition of each document printed. As it is to be electrotyped, local boards of health may procure any number of either document at a slight cost.

The secretary stated that, inasmuch as diphtheria has been so prevalent in this State, it has been suggested by an officer of the national board of health that this was a favorable field for a systematic investigation of the causes of the disease, particularly as to what are its relations, if any, to filth. The subject was thoroughly discussed, at some length, and the great desirability of such an investigation was unanimously conceded, but the resources of the board are entirely inadequate for such a house to house inspection as seems essential.

The secretary was directed to correspond with the national board of health and see what arrangements can be made.

The secretary was authorized to begin printing the proceedings of the recent sanitary conventions at Detroit and Grand Rapids as soon as practicable. The report of the board for 1879 is now in press and will shortly be issued.

Dr. Kellogg, as committee on the disposal of decomposing organic matter, presented a paper on "Decaying Wood, a Cause of Disease." He related experiments by Professor Wm. H. Brewer, confirmed by himself, showing that when green wood was allowed to stand for some time in water the solution decomposes, and gives off very offensive odors. Even when the water was renewed again and again the similar results ensued. The paper was prepared with especial reference to the practice of putting sawdust in streams and ponds, and it tended to confirm the belief that the practice is frequently productive of malarial and diarrhœal diseases.

Dr. Jacokes, chairman of the committee on such survey, made a statement relative to the desirability of having a sanitary survey of the State, and as to its probable extent and cost.

July 14, the day after the next meeting of the board, it will, if candidates apply, examine them in sanitary science, giving a certificate of merit to those who pass a satisfactory examination. An outline of the plan of these examinations will appear in the forthcoming report for 1879.

An unusual amount of routine business was transacted, auditing of accounts, etc. The next meeting of the board will be July 13.

LISTERISM.—Dr. W. H. Mays, *Western Lancet:* And how stands now the antiseptic system before the world? The ovation given to Professor Lister at the late International Medical Congress at Amsterdam, is an answer to the question. The whole body rose to their feet and cheered the man who has fought and won his cause in the face of the strongest opposition, both active and passive. The results of Listerism are, indeed, flattering beyond expectation, and the enthusiasm of its disciples can well be pardoned. Keith, the ovariotomist, announces that since he adopted antisepticism his mortality has fallen from one in seven to one in forty; with the German ovariotomists it has dropped thirty per cent. M. Panas, of Paris, the distinguished surgeon, says, that before Listerian precautions were introduced, erysipelas was the scourge of the hospitals, attacking two out of three of the patients he operated on; but that "during the last two years, I have not had, in my wards (the Lariboisiére), a single case of purulent

infection." He also makes the rather extreme statement that any surgeon who would lay open the knee joint in a case of suppurating arthritis, or of foreign bodies, without antiseptic precautions, would deserve to incur police penalties. Dr. Agnew, of Philadelphia, regards it as so satisfactory that he has "no doubt that we are on the eve of an entire change in the surgical dressing of wounds." Where it has been adopted in public and private hospitals, the surgical wards have become almost entirely free from those terrible effects of blood poisoning that so often follow persistently the surgeon's knife, erysipelas, septicæmia, pyæmia, and hospital gangrene. Operations at which our fathers would have stood aghast, are now done fearlessly and successfully—the abdomen is opened, the pleura entered, the spleen excised, the gall-bladder laid open. There has been no more fearful source of mortality in hospitals than the operation upon extensive vertebral or iliac abscesses; of these Lister says: "I have published numerous cases to show that a great abscess connected with disease of the vertebræ may be opened by free incisions, a drainage-tube introduced, and strict antiseptic treatment used; and then from that hour I never had another drop of pus. I say that fact is as beautiful in pathology as it is useful in practice." That *bête noir* of surgery, the large contused or lacerated wound, is no longer dreaded as before, for round the patient we throw an antiseptic shirt of Nessus, against which the bacterial foe launches in vain, through whose meshes no disease-bearing germ can penetrate. It is the surgery of the future—nay, of the present. Medicine, too, has much to learn from its doctrines, for they offer the only intelligible key to the understanding of zymotic diseases. If, therefore, this morning, I have kindled in you an appreciation of its value, and a desire to study closer its principles and workings, my efforts will not have been in vain.

The Force of Purpose.—*Lancet:* There is no physiological reason to suppose that mental purpose augments the force available for physical activity, but it certainly calls a larger amount of the reserve stock of potential energy into operation, while it concentrates the powers of the system on the particular end in view. How else are we to account for the familiar fact that under pressure of circumstances, or at the bidding of motives that incite to feats of unwonted exertion and endurance, persons of no extraordinary physique are enabled to perform seemingly impossible achievements? Sometimes the energy of an enterprise may, as it were, overpower the agency by which it should be effected, and the result is a break-down in the crisis of accomplishment. As a rule, however, happily, determination will carry a man through undertakings which seem so vast as to threaten to overwhelm him. Possibly at no time are the "possibilities" of personal work of a nature which combines activity of both mind and body more conspicuously illustrated than during a "general election." And few events of the class have called out more latent vigor than the time through which we are now passing. From the stupendous exertions of Mr. Gladstone in Scotland to the sleepless energy of some of the candidates and their agents in large constituencies like those of the metropolis, the process of "calling up the reserves" of psycho-physical force is proceeding at a pace and to an extent rarely equalled. Presently the crisis will be passed, and then the exhaustion will begin to declare itself. Those will be wise who recognize what it is they are doing. The stock of force on which they are drawing is not increased to meet the occasion. They are simply using up in an emergency what nature has designed to be held in reserve, like the residual air in the lungs, or the volume of atmosphere in the wind-cushion of a set of bag-pipes. If this reserve be exhausted there will be no resilience, and nothing left to play upon. The illustration is inadequate, but it will suffice to point out our meaning. The fact that a great effort can be made must not be assumed to show that such an outcome of force is natural. While the feat is in progress, a serious break-down may occur at any moment, and the power of recuperation will in that case be found to be itself exhausted. When the special exertion is over, the fatigue that follows will be more than common weariness. It will be a "dead-point" in the progress of vitality at which special measures of help and recovery are sure to be necessary.

Hydrate of Chloral.—Dr. H. H. Kane, of New York City, specially requests members of the profession with any experience whatever in the use of the hydrate of chloral to answer the following questions, and give any information they may possess with reference to the literature of the subject:

1. What is your usual commencing dose?
2. What is the largest amount you have administered at one dose, and the largest amount in twenty-four hours?
3. In what diseases have you used it (by the mouth, rectum, or hypodermatically), and with what results?
4. Have you known it to affect the sight?
5. Have you ever seen cutaneous eruptions produced by it?
6. Do you know of any instances where death resulted from or was attributed to its use? If so, please give full particulars as to disease for which given; condition of pulse, pupils, respiration and *temperature;* manner of death; condition of heart, lungs and kidneys; general condition, age, temperament, employment, etc., etc., etc. If an autopsy was held, please state the condition there found.
7. Have you seen any peculiar manifestations from chloral—as tetanus, convulsions or delirium?
8. Do you know of any cases of the chloral-habit? If so, please state the amount used, the disease for which the drug was originally administered, the person's temperament, and the present condition of the patient.

Physicians are earnestly requested to answer the

above questions fully, especially 6 and 8, in order that the resulting statistics may be as valuable as possible.

All communications will be considered strictly confidential, the writer's name not being used when a request to that effect is made. Address all letters to Dr. H. H. Kane, 291 West Tenth street, New York City.

THE FEAR OF FAT.—*Lancet:* No doubt it is unpleasant to be excessively obese; but the morbid dread of fat which has in recent years become fashionable has no foundation in physiological fact. Fat answers two purposes; it acts as a non-conducting envelope for the body and protects it from too rapid loss of heat, and it serves as a store of fuel. In the course of exhausting diseases it not unfrequently happens that the life of a patient may be prolonged until the reserve of fat is exhausted, and then he dies of inanition. Fats supply the material of the heating process upon which vitality mainly depends. In great excess it is inconvenient; but the external layings-on of fat is no certain measure of the internal development of adipose tissue. Much less does a tendency to grow fat imply or even suggest a tendency to what is known as "fatty degeneration." It is time to speak out on this point, as the most absurd notions seem to prevail. Again, it is not true that special forms of food determine fat. That is an old and exploded notion. Some organisms will make fat let them be fed upon the leanest and scantiest and least saccharine descriptions of food, while others will not be "fattened" let them feed on the most "fattening" of diets. The matter is one in regard to which it is supremely desirable and politic to be *natural*, adapting the food taken to the requirements of health rather than substance. Simple food, sufficient exercise, regular habits, with moderation in the use of stimulants, compose the maxim of a safe and healthy way of life.

THE GENUS SNOOP.—Dr. Howell, of Goodrich, Michigan, has been making a study of this genus. He classes it under the head mephitis, and gives as its distinguishing anatomical feature its extreme length of proboscis. It is indigenous, but flourishes in any climate and may be found in city, village, hamlet or cross-road. It, however, flourishes best at the bedside of a physician's patient, for there it finds its natural pabulum. It attends the sufferer in the capacity of an M. D., and always times its visits to correspond with the absence of the attending physician. Its visits are of course but friendly and born of the affection it entertains for the patient, who may nevertheless have dismissed it from further attendance in its professional capacity. It is full of sympathy and overflows with the milk of human kindness. So great is its interest in the patient that it insinuates its proboscis into the medicine which the attending physician may have left, and so keen has its sense of smell become, both from the natural size and shape of its organ and from its much use of it, that it can detect on the slightest sniff the composition of the most complex compound. It, moreover, usually has more hope of the recovery of another's patient than it has of its own. "Of course the child will get well. The weather is much more favorable than when I was in charge, and the darling will get well without any medicine."

The genus snoop resembles the plague in that there is no remedy for it.

A CASE OF MERCURIAL POISONING.—The Indiana *Medical Reporter* records the particulars of a suit for malpractice against a physician of that State who is claimed, by the improper use of calomel, to have caused a fortunately rare condition in a child twelve years of age. The patient was treated for congestion of the brain, and in addition to the cold water douche was placed on calomel, the quantity of which not appearing in the testimony, further than that "seven or eight powders" were given, one every two hours. In about five or six days the mouth became sore, the gums, cheeks and palate being also implicated. The flow of saliva was excessive, the teeth loosened and many dropped out. There was also absorption of the alveolar process, the gums resembling those of old persons prepared for an artificial set of teeth. In addition to this there remained almost complete immobility of the jaw, due probably to muscular contraction, there being no evidence of anchylosis on either side.

The defense held that the untoward results were not due to the calomel, but were idiopathic—cancrum oris; but the jury would not view it thus, and gave a verdict for $800.

THE BORDEAUX LEECH FARMS.—The celebrated novelist "Ouida," a great lover of animals, makes an earnest protest in the *Whitehall Review* against the cruelty practiced on horses at leech farms: "Certain speculators," she writes, "have made artificial swamps on the banks of the Garonne, and filled the swamps with leeches. To be profitable these leeches must multiply themselves by millions; to do this they must be liberally supplied with food; to thus supply them the Bordelais speculators buy up all the old and worn out horses of the province, and drive or drag these horses into the swamps, which are subdivided by wooden compartments, so placed that when these unhappy animals have been forced into the mud there is no escape for them. The leeches fasten on them instantly by thousands; the horse is in a few minutes black with crawling creatures; the bloodsuckers fix themselves most of all on the open wounds and galls that these poor horses have incurred in their many years of service."

MICHIGAN STATE MEDICAL SOCIETY. — The fifteenth annual meeting of the Michigan State Medical Society will be held at Grand Rapids, commencing at ten a. m., on Wednesday, May 12, 1880, and continue in session two days.

The Michigan Central, the Detroit, Lansing and Northern, the Grand Rapids and Indiana, the

Detroit, Grand Haven and Milwaukee, and the Flint and Pere Marquette Railroads will sell round trip tickets, at two cents per mile each way, on presentation of the required certificate of identification. The Chicago and Western Michigan Railroad will sell round trip tickets at the same rate on application to station agents.

If early application is made and route designated, the recording secretary of the society will send such certificates to all physicians, who do not receive them with this notice, and who may wish to travel over one or more of these roads in going to and returning from this meeting.

A Case of Early Viability.—Dr. J. H. Moore, of King's Mountain, Kentucky, reports (*Medical and Surgical Reporter*) a remarkable case of early viability. The evidence in the case seems to be conclusive that the woman at the time of delivery was in either the last week of the fifth month or the first week of the sixth month of her pregnancy. The child at birth was nine inches long and weighed one and a half pounds. It was nourished by dropping liquid food into its mouth, and until the third month seemed to lead little more than a vegetative existence, muscular contractility until that date being almost invisible. It had then gained enough strength to nurse very feebly, after which it progressed quite rapidly. At fifteen months of age, at the date of the report, it weighs nineteen pounds and seems to have as good a hold on life as most children of her age.

Dye Poisoning.—Dr. J. W. Badger, of Bay City, Mich., reports a case of suspected arsenic poisoning from the wearing of a pair of brown-colored woolen hose. The patient, female, æt. 22, of spare habit, presented herself suffering from an inflamed, painful and swollen condition of the left leg. The surface was studded with pustules containing a watery fluid. At the heel the cuticle was completely undermined, forming a large bleb. The inflammation was of an erysipelatous nature and lasted two weeks. The other limb was similarly affected, but not so severely.

The hose on being washed imparted a greenish color to the water, from which fact alone, in the absence of an analysis, the presence of arsenic was suspected.

Practice for Sale.—Dr. E. H. Ostrander, Kingston, Tuscola county, Michigan, will dispose of his horse and buggy and a number of articles of office and household furniture, together with his practice amounting to $1,500 a year, for $400. Ill health compels him to look for a successor. He will be pleased to correspond with any intending purchaser.

A physician desiring a good paying country practice in a beautiful farming section of Michigan, and who is prepared to invest a little money in the property, can learn particulars by addressing A. B., care of this office. The retiring physician wishes to remove to California. The property is itself worth the price asked.

In the North American Review for May, ex-Judge Jere. S. Black continues the very interesting series of papers on the third term question begun in the February number. Mr. Leslie Stephen writes of "The Religion of all Sensible Men," and speculates on the prospect of that religion displacing the present creeds of the multitude. The creed of the future, he says, must be capable of assimilating modern scientific theories. George Ticknor Curtis continues his series of articles on "McClellan's Last Service to the Republic." Mr. Francis H. Underwood contributes an essay on R. W. Emerson and his writings; and an anonymous writer labors to show that the United States Government cannot, consistently with the Monroe doctrine, permit the construction of an American Isthmian Canal, unless the same shall be controlled solely by cis-Atlantic Governments. The Review is sold by booksellers and newsdealers generally.

Dr. Geo. F. Center, health officer of Evansville, Indiana, writes: "In your Feb. 25th, 1880, number you labor under the delusion that the mortality report of Evansville, Indiana, for 1879, was an erroneous report on my part of "those amusing causes of death." The fact is they are accurately copied from the official records of this city. They were published for sanitary, or rather mortuary, statistical purposes; also, to show the medical status of some of our Æsculapii. The erratic reports generally come from 'pennyroyal doctors,' (*i. e.*, the eclectics) the knights of Hahnemann, midwives, in fact, emanating mostly without the pale of the regular profession."

We are assured by Dr. Geo. H. Field, the secretary of the St. Louis Eclectic Medical College, that the enumeration of that college on the list of diploma-selling institutions recently given by us, does it a gross injustice. The charge, he says, "is false in every particular, and had its start in malignancy." We gladly make such retraction as seems necessary in the face of Dr. Field's statement. It is a serious thing to give either a college or a man a bad name, and those who originated the charge against the St. Louis Eclectic Medical owe it in justice, either to substantiate or retract it.

Dr. Britton, in his annual report on the sanitary condition of the combined Halifax (England) districts, states that he has been struck by the number of deaths from heart-disease in his district this year. He attributes this fact to the severe trade-depression which has been so heavily felt, and to the consequent anxiety to, in homely phraseology, make ends meet. The experience of most physicians will doubtless furnish corroborative evidence in support of the view that the nervous depression, incident to worry and mental anxiety, is prone to result in organic lesions, not of the heart only but of other organs.

A Louisville doctor congratulates a Michigan medical editor on the safety of the distance he has chosen from which to say things which the Kentuckian declares to have an insufficient foundation

in fact, as it were. Between Louisville and the "Athens of the West" is, we agree, a tolerably safe distance for the parties at either end, but if, perchance, it is deemed necessary to resort to the *code* to settle the veracity of charges and counter-charges, we would suggest as weapons the deadly hypodermic syringe. Properly loaded, it is sufficiently deadly at short range, and is withal more strictly professional than the cruel revolving pistol.

A student, after six weeks of extra quizzing, revenges himself by composing a poem of which the following is but one stanza :

Par Vagum sits at his cottage door,
Beneath the Larynx tree,
And watches the Biceps on the shore
Sport with the Diploe :
The Umbilicus shows its blossoms red,
To the sweet Patella vine,
Which modestly droops it tender head,
At the gaze of the Santonine.

The Supreme Court of California has held that where a female is solicited presently to yield her person in consideration of subsequent marriage, and does so, the contract is not one upon which she is entitled to damages upon its breach. It is not a case of seduction after mutual promises of marriage have been given between the parties. Such a contract is one for illicit cohabitation, and, being tainted with immorality, is void.

Dr. Hughes, in the London *Lancet* : "If I were to be placed under the influence of chloroform I would say, 'Never mind my pulse, never mind my heart ; leave my pupil to itself; keep your eye on my breathing ; and if it becomes embarrassed to any extent, take an artery forceps and pull my tongue well out.'" It is claimed that the late Mr. Syme faithfully observed this rule, and never lost a case, although he had administered chloroform 5,000 times.

Ex-Governor Seymour once more declines to have his name used as a candidate for the Presidency, giving as one of his reasons the fact that he was once sun struck, and he is satisfied that no person ever fully recovers from the effects of that lesion. Mr. Seymour may not be much of a pathologist, but the opinion he has expressed on this subject is sound.

A recent act by the legislature of Virginia makes the bill of the doctor who attended the deceased during his last illness one of the first to be paid. If the patient lives the doctor's chances are not unusually slim. Is there not here a suggestion to our Virginia brethren?

There is also a great row between the Cincinnati and the Chicago Eclectics. The former accuses one of the latter of having *Kyestein* in his urine, and the Sucker retaliates by saying that the Buckeye has a large stone in his bladder. And thus the battle rages.

A knowing Boston doctor claims that the Faculty of Harvard Medical College is composed of men who are either "effete reminiscences of other days, or the mere accidental appointees of a system of disgraceful wire-pulling."

The Kentucky Court of Appeals has decided that it is not a punishable offense in that State to produce, with the consent of the mother, an abortion prior to the time when she becomes quick with child. Is civilization advancing or retrograding?

On behalf of Ole Bull and his friends the *Louisville Medical News* indignantly denies that the aged violinist is the author of oleomargarine, the beastly substitute for butter.

Sir William Gull began his medical life as a bottle washer in the drug room of Guy's Hospital. His father was a laborer and tilled a small plot of ground adjoining the hospital.

A German railway physician asserts that railroad employes are more liable to affections of the spinal cord than any other class of men.

To obviate hereditary tendency to disease in the young : "Wash them, air them, and iron them."

Book Notices.

HEADACHES : THEIR NATURE AND TREATMENT. By William Henry Day, M. D., member of the Royal College of Physicians, of London ; Physician to the Samaritan Hospital for Women and Children. Third edition with illustrations. Price, $2.00.
Philadelphia : Lindsay & Blakiston. Detroit : E. B. Smith & Co.

Headaches are the *bêtes noirs* of medicine, and any book calculated to throw light on their therapeutics at once commends itself to our consideration.

The author starts out with some general remarks on the prevalence of nervous and cerebral affections due to the strain of our modern civilization.

As a classification of headaches he adopts the following : Intra-cerebral, extra-cerebral, and headaches of childhood. Under the former head he enumerates headache due to cerebral anæmia, headache due to cerebral hyperæmia, sympathetic headache, dyspeptic or bilious headache (known also as sick headache), congestive headache, headache from plethora, headache from exhaustion (nervous headache), nervo-hyperæmic headache, gouty headache, toxæmic headache, structural headache, and headaches of advanced life. Under the second class he has rheumatic headache, headache from affection of the periosteum and neuralgic headache.

This classification may be an aid to therapeutics, but we should be disposed to think it too complicated and to regard the lines drawn between a number of them as more arbitrary than distinct. The distinction between nervous headache and dyspeptic headache (which the author calls sick headache) is one which we imagine the general practitioner will be slow to recognize. The author regards the disturbance of the stomach in nervous headache as secondary to the exhaustion of cerebral tissue, while the sickness of dyspeptic headache is primary. If the term "sick headache" means anything, it seems to us it should be applied to the condition in which the symptom is most persistent. So the profession has long thought, and the attempt to change the nomenclature will, we imagine, fail of success.

The therapeutics of the different forms of headache are fully discussed, and the nicety of the classification leads to distinctions in treatment that are not usually recognized. A list of formulæ is given in the appendix, from which we give a number of selections elsewhere. Taken as a whole the book is one which should be read by all who have experienced the annoyance and difficulty of treating headache in its protean forms.

Brain Work and Over-work. By Dr. H. C. Wood, Clinical Professor of Nervous Diseases in the University of Pennsylvania, etc. Price, 50 cents.

Our Homes. By Henry Hartshorne, A. M., M. D., formerly Professor of Hygiene in the University of Pennsylvania, etc. Price, 50 cents.
Philadelphia: Presley Blakiston. Detroit: E. B. Smith & Co.

These two little books are of the series of American Health Primers, which are so deservedly popular both with the laity and the profession. The first named, "Brain Work and Over-work," is from the pen of one eminently fitted for the task of preparing a work of its nature and with its purpose. We regret the lack of space which forbids the extracts we would give from it to show the author's sensible views on several disputed questions. In discussing the causes of nervous trouble, alcohol, food and tobacco are mentioned. Dr. Wood's views on the use of alcohol are scarcely such as a temperance club would endorse, but they are nevertheless physiologically sound, and will well repay perusal. On the question of food he says: "Injury to the system from alcohol is great, injury from gluttony only less. The yearly waste of money in alcohol in this country is frightful, that of superfluous food only less. Almost every one eats more food than is required; indeed, the system is so constructed as to provide for a habitual over-supply of food." Of tobacco he says: "There is much reason for believing that tobacco lessens waste of nervous tissue, enabling it to perform its labor with less friction, so to speak, than would otherwise be the case." "In the busy mart of the city, in the fatigues and excitement of a military campaign, in the exposures of a hunter's or a sailor's life—wherever men strive and endure—the system craves something that, after the day's worry and battle shall soothe it into quiet." The danger lies not so much in the use as in the abuse of the agents whose disastrous effects we observe.

It is a remarkably readable little book, and one which we can highly commend, even to professional readers.

In "Our Homes" Dr. Hartshorne discusses the questions of location, construction, light, warmth, ventilation, water supply, drainage, disinfection, etc., in a popular and readable style.

Clinical Lectures on the Diseases of Women, Delivered in St. Bartholomew's Hospital. By J. Matthews Duncan. M. D., LL. D., F. R. S. E., etc.
Philadelphia: Henry C. Lea. Detroit: E. B. Smith & Co.

These lectures have been presented to the profession before through the *Medical Times and Gazette* and the *Medical Examiner*. We recognize several which we read with unusual interest as they appeared in the former journal. They are said to be almost word for word as given by Dr. Duncan in the classroom and have been reported by a shorthand writer. They are certainly written in a freedom of style which is in itself entertaining.

The book is divided into nineteen chapters, each of which is a lecture. Two of these, viz., that on Missed Abortion and that on Painful Sitting are of exceptional interest. A missed abortion is that in which the fœtus and its investments become detached from the uterus, in the cavity of which they remain sometimes for months without undergoing putrefaction, and are then thrown off. Some of the best books divide all children and abortions into living and putrid. That this is an erroneous division is apparent from numerous cases in which the ovum and its envelopes are carried for months without undergoing decomposition. The recognition of the possibility of this is important from a medico-legal point of view, and Dr. Duncan's lecture on the subject is opportune.

Painful sitting, the author thinks, is as good a name for disease as dysmenorrhœa; both are symptoms, and the term is used merely as an artificial arrangement of a variety of affections, just as dysmenorrhœa is so used. The causes of painful sitting are various and numerous, viz., inflammation of the deep-seated genital organs, the ovaries and the uterus, coccygodynia, dislocation of the coccyx, relaxation of the great essential or intrinsic joints of the pelvis, the symphysis pubis and the two sacro-iliac joints, etc. These different causes are thoroughly discussed and the methods of relief defined.

We can heartily commend the book for a straightforward consideration of some of the more common affections to which women are peculiarly liable.

The Student's Guide to Diseases of the Eyes. By Edward Nettleship, F. R. C. S., Ophthalmic Surgeon to St Thomas's Hospital, with eighty-nine illustrations.
Philadelphia: Henry C. Lea. Detroit: E. B. Smith & Co.

The aim of this little book of 370 pages is to supply students with the information they most need on diseases of the eye during their hospital course. Use has been made in its compilation of the standard works and of many original papers and smaller treatises. An examination of it is sufficient to convince one that the author has a very correct appreciation of the wants of the student who finds it necessary, in connection with other subjects, to acquire such a knowledge of the eye and its diseases as the exigencies of general practice will render necessary. Neither his time nor his opportunity will permit of a systematic study of the subject, and the work, which contains a proper selection of subjects and discusses them in a direct and concise manner, is a desideratum. The little book before us is just such a book, and is admirably adapted to the purpose for which it is designed.

Original Articles.

Notes and Comments on Cases from Private Practice—Constipation.

The practitioner who confines himself to the treatment of mere symptoms relieves himself of much immediate trouble, and, not unfrequently, from the kindly aid furnished by the *vis medicatrix naturæ*, gains the reputation of a successful physician. He more frequently than the scientific practitioner, who seeks to peer beneath the surface, secures the favor of the patient. It is a much more pleasant thing, for instance, to give an anodyne in a case of neuralgia, thus bringing temporary relief to the pain, than to allow the patient to suffer until the cause of the pain shall have been unearthed and remedied. And yet the latter is the proper treatment. The neuralgia being "the prayer of the nerve for healthy blood" the treatment is to answer that prayer, and not to so suspend the physiological function of the nerve as to permit its enemy to prey on it without its knowledge The anodyne serves merely as the loan serves the bankrupt; it relieves present embarrassment, but the day of reckoning and final settlement is sure to come, and the longer it is deferred the more disastrous the crash.

But what has this to do with constipation? It illustrates, although but imperfectly, the danger to which the same palliative and trusting-to-nature treatment subjects the man whose bowels fail either through deficient secretion or through weakened contractile power to perform their function. But constipation, although a symptom pointing to a condition of imperfect innervation of the alimentary tract, is also both a disease *per se*, and a fruitful cause of disease. The prevalence of the condition may be predicated, to some extent, from the fortunes made out of the pills and other nostrums sold to relieve it. It has been the chief dependence of the patent medicine man in the past, and "there's millions in it" yet for these enterprising gentlemen, who will continue to reap until the profession realize its true nature and adapt their treatment accordingly. It is a fact, humiliating it is true, but still a fact, that the patent medicine man treats constipation with success fully equal to that attending the practice of the physician. He gives his pill and the physician prescribes *his* pill. The effects of each are identical—they both "operate," and when the bowels again become loaded the repetition of either once again removes the accumulation, and so on until the end of the chapter, or until some inter-current disease comes in to find the system the worse prepared because of the constipation and its systemic effects.

It is remarkable that in the multitude of books which are being given from the press there is not one which treats of this subject. It surely cannot be that the remote effects of constipation have entirely escaped the notice of the practitioner. When the extent of the absorbing surface of the alimentary canal is considered is it unreasonable to suppose that the system runs a great risk from the products of such decomposition as must result from the prolonged presence in it of effete material? We inject an enema into the lower bowel and it fails to return; we nourish and keep patients alive for weeks entirely by liquid injections. These facts from actual experience demonstrate unmistakably the absorbing power of the intestines, and yet we allow their contents to remain, in some instances for weeks, and apparently fail to realize that the dry and hardened fæces were once liquid, and have become scybalous through absorption of their watery constituents, which have necessarily carried with them into the system much deleterious matter. This liquid portion of the fæces in the blood is the source of the blood poisoning which is associated with cases of obstinate constipation. The symptoms of this vitiated condition of the blood are numerous and varied. The immediate effects on the blood are a diminution of the number of red corpuscles and an increase in the white—a precisely similar change to that which takes place from the presence of other poisonous or septic material. The complexion becomes sallow and the surface and extremities are cold and clammy. There is dulness and lethargy and drowsiness. The pulse is weak and compressible, and the patient is tired by slight exertion. The tongue is coated and a thick, tenacious and bad tasting mucus lines the mouth in the morning. The mind is dull and there is loss of memory, despondency, and a lack of the power of continued thought. Not infrequently there is emaciation notwithstanding the fact that the appetite may at times be voracious.

In women we find the annoying and distressing abdominal pains—annoying to the physician and distressing to the patient. Sharp neuralgia of the ovaries, displacement of the uterus with its train of symptoms, and irritability of the bladder are not unusual results of loaded intestines. How readily these sometimes disappear under a brisk purge! The skin becomes clear, the mind active and alert, and the spirits buoyant and hopeful.

It does not follow that because a patient has a stool every day that he may not be suffering from the absorption of deleterious material from the intestines. The quantity of fæces may be deficient, and the residuum after each evacuation uniting with that remaining after each preceding discharge, give rise in a short time to an accumulation capable of producing the evil effects of positive constipation.

It does not suffice, therefore, at all times, that the patient tells you that he is "regular," that he has a "motion once a day." The character and size of the stool are important. In the hurry of business sufficient time is frequently not taken for the proper discharge of the function, and only that portion of the contents of the rectum is evacuated which is lowest in the bowel and which has become hard and dry from the absorption of its normal liquid constituent, that of the natural consistence not being given time to descend. The appearance of the integument, tongue and eyes which I have indicated, rather than the patient's own statement, should direct the practitioner's mind to the bowels.

The evil effects of constipation are most marked in children, and the condition is responsible for much more infantile disturbance than is usually accredited it. The effects of a dose of castor oil on the symptoms which I have indicated, as those due to constipation, are too familiar to be more than mentioned. I have seen obstinate cases of enuresis—cases which had resisted all the usual treatment recommended, including even electricity, yield readily to a dose of castor oil. In one case the mother, a very intelligent lady, called my attention to the coincidence of her boy's wetting the bed with the constipation. She declared that on finding the bed wet in the morning she administered a dose of castor oil and had no return of the annoyance until he again became constipated. She consulted me to obtain for him relief from constipation, satisfied that with this relieved the other trouble would be cured.

I shall offer several cases illustrating the points I have endeavored to call attention to.

Sycosis — A Clinical Lecture Delivered at the Michigan College of Medicine, Detroit, March 25, 1880.

BY PROF. C. C. YEMANS, A. M., M. D.

(Reported by Fred. J. Irland, Stenographer for Post and Tribune.)

A patient came to my office a week ago last Sunday, having an eruption over all the bearded portion of his face. I have watched him for three years, while he has been under treatment for a serious skin disease. He has not been able to sleep at night. The itching was so intense that he would walk the floor nights. Following the itching there appeared upon the surface of his face little pustules, very profuse. The gentleman is a dry-goods merchant who has to deal constantly with ladies and gentlemen in trade. He is greatly annoyed by ladies who come in, and almost invariably ask, "Why, what is the matter with your face?" and they give him recipes which "they know will cure it," because they cured some one else. They will mention dandelion root, black alder bark, and other things to cure the surface. I had said to him that when he became tired of experimenting with his face I should like to show him how easily it could be cured. That might seem a dangerous statement for a physician to make under the circumstances, but my prognosis was based entirely upon the diagnosis I was able to make by watching the man when he did not know I was observing him. So a week ago last Sunday he came into my office laughing, and said, "Well, I have come around to consult you. I am ready to let you do anything you like, only I want my face cured." He said he had spent hundreds of dollars and taken barrels of medicine, which I do not doubt. So far as the medicine is concerned it would have been better for him if it had been put it in his boots. But every one would tell him it was a blood trouble; that his blood was too thin or too thick, or out of order.

The diagnosis of a case of this kind is a very severe logical process. There are of skin diseases of this kind eczema barbæ, sycosis—parasitic and non-parasitic, and acne. Our case must be one of these. Eczema barbæ may grow from long-continued sycosis; that is, it may be a sequence of the inflamed condition of sycosis. I will speak first of acne, which comes between the ages of eighteen and twenty-four as a rule. It appears, the same as sycosis, around the hair follicle, but usually comes before the beard is completely grown, and has no very unpleasant sensations about it. Still we are very sensitive about it, because there is a very foolish and very erroneous notion that everyone who has acne practices masturbation regularly. There is no more absurd notion than that. Acne is not characterized by pain or itching.

This gentleman who came to my office is is a man forty-five years of age, with a full-grown beard. The difference between acne and sycosis is one of degree. The pimple or pustule is the same, always on a hair follicle. Whenever you see a case of sycosis you will find a pimple surrounding a hair. This gentleman's age and the sensations of pain excluded acne, so it was reduced to these, eczema barbæ, or sycosis, parasitic or non-parasitic. The sensations of eczema are those of burning, but not of itching. The parasitic form of sycosis is generally characterized by a greater degree of itching than the non-parasitic. We have also this point, that in eczema there is a crust on the face, while in sycosis the pimple is distinct, located on the site of a hair follicle. So we have excluded eczema barbæ in the case of this gentleman, because the hairs were located exactly in the center of the pustules. There is then but one thing left, sycosis, either parasitic or non-parasitic. Now, what is sycosis? It is an inflammation of the sebaceous gland, involving the root of the hair, the lining of the gland, and the substance around the gland—the peri-glandular tissue. How shall we differentiate sycosis parasitic from sycosis non-parasitic? that is the only question left to be settled. The microscope alone will determine that. The name of the parasite is trichophyton and you will find, it in the parasitic form of the disease, around the base of the hair. In this case I have examined about seventy of the hairs, and have had forty examined by others. There was no parasite found in any of the 110 cases. It is therefore fair to presume that the case is non-parasitic. Your work is very clear when you have gone that far with the diagnosis. You can only go step by step, excluding one thing and then another, getting down to the real trouble by degrees.

This patient had a fear, as I have reason to believe, that if he came to me to be treated I would take out his beard. When he finally came to me I managed so as to leave him a good pair of Burnside whiskers. He was in this afternoon, and the part of the skin from which I pulled his beard is entirely cured. The part which has been epilated is well. The rest is covered with pustules. When that man comes to me a week after I have removed the rest of the beard I expect his face will be entirely well. He might

have taken medicine until he was a hundred years of age, if he had lived that long, without affecting a single follicle in his face.

Two weeks after complete epilation patient is nearly well, only some traces of inflammatory products left. A result quite gratifying, and you need not always expect to succeed in so short a time.

Enervation of the Globe of the Eye—New Method of Operating.

BY EUGENE SMITH, M. D.,

Professor of Ophthalmology, Michigan College of Medicine, Oculist and Aurist to St. Mary's Hospital, etc.

Neurotomy of the optic and ciliary nerves, as a substitute for enucleation in appropriate cases, has rapidly taken its place among the legitimate operations in ophthalmic surgery, both in Europe and America.

The usual method of making the operation, *i. e.*, by tenotomizing the internal or external rectus muscle, afterwards stitching it forward, as in the operation for advancement of the muscle in divergent strabismus, seemed to me unnecessarily complicated, and as more or less favoring divergence and exophthalmos.

The method which I have carried out in three cases, and which it seems to me leaves little to be desired, is as follows: Anæsthetizing the patient and separating the lids with the speculum, I made, standing behind the patient, a meridianal incision between the internal and inferior recti, about two lines long, beginning about one line from the corneal border, through the conjunctiva and capsule of tenon. Passing enucleation scissors (strongly curved on the flat) through the opening thus made, hugging closely the sclera, with successive snips the posterior portion of the eye-ball is denuded. A similar incision is then made between the superior and external recti muscles, and the opposite half of the posterior pole denuded.

As a thorough resection of the ciliary nerves is desirable, and, in fact, essential to the success of the operation, the two opposite incisions, permitting, as they do, the most thorough sweeping of the posterior pole, would seem to accomplish this end in a simple and easy manner.

The ordinary enucleation scissors not being sufficiently curved to hug closely the sclerotic, I have had made, by Shepard and Dudley, of New York, a pair of scissors curved to conform to the shape of the globe, and which I am sure will answer better.

The re-union of the ciliary nerves, which many have feared, is still a question of doubt. As bearing upon this question, one of the cases upon which I operated is of interest. Immediately after, and for several weeks subsequently, the cornea was anæsthetic and the tension —3. Slowly the tension increased to x 3, and the cornea became sensitive again. I subsequently enucleated the eye. In the other cases there is no return of either tension or sensibility of the cornea. The question arises in this case, Was the return of the symptoms due to the re-union of the ciliary nerves, or to their incomplete section? If to their imperfect division, why was the cornea insensible? In each case the sympathetic irritation was relieved, though it returned in the case above mentioned, and I enucleated. The cornea remains anæsthetic in the other cases. It is now several months since one of the operations was made.

A Case of Imperforate Anus Successfully Treated.

BY GEO. W. KING, M. D., KEMPTON, ILLS.

Sunday, Dec. 1st, 1879, I was called to see a child a few hours old, the midwife in attendance having discovered something wrong with it. Upon examination I found it to be a case of imperforate anus. Perineum was smooth, and without a trace of the anal aperture. The child—a male—was, with this exception, well developed and in good condition, but seemed to be suffering acutely from the intestinal obstruction. The parents insisting that an attempt must be made to relieve the child, I decided to make an exploratory incision to determine the location and condition of the rectum, if present. After emptying the bladder by pressure above the pubis, I made an incision of about one inch and a half in length in middle line, beginning a little in front of coccyx; then by careful dissection separated the tissues to the depth of one inch, at which point the rectum was found to end in a *cul-de-sac*. The intestine being distended with meconium, I punctured the sac with a trochar, and a free discharge of its contents followed; enlarging the opening by a crucial incision, and clearing the cavity, the next step in the operation consisted in bringing down the bowel and fastening its mucous membrane to the edges of the external wound by means of sutures. This proceeding was accomplished without difficulty; the hæmorrhage was free, but easily controlled by torsion and cold compress. The case progressed well, and the union has been rapid. The treatment consisted in keeping the orifice dilated with a plug of oiled cotton, and the introduction of a bougie occasionally.

A Case of Vomiting of Hair.

REPORTED BY R. B. SMITH, M. D., WEBBERVILLE, MICH.

W. B., æt. 34, weight 172 lbs., light complexion, has always been healthy, except in 1862, when in the army, he having at that time had an attack of typhoid fever, from the effects of which he was off duty for six months. In April, 1863, just after his recovery from the typhoid fever, he commenced to have a slight cough. At that time also he commenced raising hair from his throat, sometimes discharging as many as eight or ten during a week, and again only one or two in the course of a month. This discharge has been kept up at regular intervals ever since, causing no trouble or irritation except when they get loose, and thus titillate the throat.

I enclose a sample of the hair. This was raised

in my office and in my presence on the 14th inst. You will observe that it is perfectly white, four inches in length, and is very considerably crimped.

The case is, I think, an unusual one ; certainly, it is unique in my experience, and if any of the readers of the News can throw any light on the case by explaining the source of the hairs, I will consider it a great favor.

Selections.

Puerperal Convulsions.—What is the cause of puerperal convulsions ? The most frequent answer would be "albuminuria," while others would say "uræmia," "anæmia," or "hydræmia." But, in truth, these conditions are only coincident symptoms of the fundamental disturbance. Let us see what that disturbance is.

The epileptiform character of the true puerperal convulsion is so strongly marked as to have drawn the attention and comment of all observers. May we not, then, be guided in our search by observing the pathological conditions pertaining to true epilepsy ? It has been proved by Brown-Séquard that an epileptic attack is always preceded by an anæmic condition of the nerve centres, and especially of the medulla oblongata, and he and other experimenters have succeeded in producing epileptiform convulsions by galvanizing the sympathetic, whereby they caused contraction of the arteries and consequent anemia of the medulla. It is also well known that epileptic attacks are very frequently produced by remote irritation through reflex action.

But from the medulla oblongata there also arises, at least in part, another system of nerves, whose filaments permeate the coats of every artery and vein in the body, and control and regulate the whole blood supply, the vaso-motor system. And it is through this wonderfully delicate and perfect conservator of force—our safeguard at every turn—and through the very performance of its duty, that puerperal convulsions are produced. From the moment of conception it is called upon to send an increased and ever-increasing supply of blood to the uterus and to the young life within it. But this it does and must do at the expense of the other organs.

Over and above this, however, we know that other agencies are at work—that the stomach performs its functions imperfectly, that the bowels are torpid, that the liver and the kidneys are congested ; and so it is no wonder that the pregnant woman habitually becomes anæmic, and hydræmic, and albuminurious. (For it must be remembered that the albumen, casts, and even blood are only evidences of congested or inflamed kidneys, and do not present the reaction found in Bright's disease.) But this impoverished blood is all there is to go to that most sensitive of all organs, the brain. Is it strange, then, that a local anæmia of the medulla should be produced sufficient to cause the convulsions in those who have the predisposition ? But it may be said that the vaso-motor system also arises, in part, from the spine. True. And when, in the same manner, a sufficient degree of anæmia has been caused in the spinal cord, we find full evidence of the fact in the character of the convulsions and the tendency to opisthotonos.

"Predisposition" is not a term of such scientific exactitude as to be satisfactory. But, for the time, it must content us. Why is it that one child will void ascarides by the half pint, with no further inconvenience than a slight tenesmus and somewhat disturbed sleep, while the presence of a very few of these little tormentors will drive another child into convulsions or into epilepsy ? Why does one person pass an active and (hygienically) careless life without a headache, while another pays for every indiscretion with migraine or tic ? We may suppose the difference to arise from a more or less irritable condition of the nerve centres, and with good reason. But the demonstration of this fact has not yet been made. And so we know that the great majority of pregnant and parturient women escape without convulsions, but we also know that the delicate and anæmic women, and especially those characterized by a highly-wrought and sensitive nervous organization, are more liable to this terrible complication than their more full-blooded and phlegmatic sisters.

We believe, then, that puerperal convulsions are caused, in those so predisposed, by local anæmia of the great nervous centres, which is produced, primarily, by an insufficient supply of blood to those centers on account of the heavy demand from the pelvic organs ; and, secondarily, by the impoverished condition of even this insufficient supply. And it will be seen that this theory exactly fits in with the prophylactic treatment now employed by all the best physicians, which consists in relieving the torpor of the bowels, in removing, as far as possible, the congestion of the kidneys ; in other words, in removing every local congestion which might help to draw yet more blood from the brain, or become the source of reflex nervous irritation, and with correcting the anæmia with iron, chlorate of potash, etc.—*A. R. Becker, M. D., Berkely, California.*

Aconitia in Neuralgia.—The affections known under the general name of neuralgia, which are so painful, and in the majority of cases so difficult to treat, have for a long time been the subject of constant investigation at the hands of a number of experimenters. Clinical experience has recently demonstrated the powerful anti-neuralgic action of crystallized aconitia, and the excellent results which have been obtained by the use of this remedy in the hands of Dr. Oulmont have fully confirmed the opinions in regard to it which have been already advanced. Aconitia, says Dr. Oulmont, is perfectly successful in such forms of facial neuralgia as are not correlated with other lesions, which are not intermittent, and which have not a well marked recurrence; in other words, in those forms to which M. Gubler has applied the term congestive, and which are most frequently caused by exposure to cold. In such cases aconite produces a rapid cure within two or three days. Dr. Oulmont has even seen a case of

facial neuralgia of seven days' standing, in which there was no well marked periodicity, and which resisted sulphate of quinine, yield instantaneously and permanently to a quarter of a milligramme of nitrate of aconite. The results are more marked and rapid in cases of recent neuralgia than in those of long standing. Examples are quoted, however, in which the affection had lasted for periods of one month, two months, and even five years, but which had yet been cured, the first on the seventh day, the second on the third, and the last in three weeks. Aconitia has also a distinct effect in secondary neuralgia, as, for example, in dental caries, otitis, paraplegia, etc.

Acute rheumatic arthritis may be successfully treated with aconitia. In four individuals to whom this remedy was administered in doses, at first of half a milligramme per diem, increased gradually to one and a half milligrammes, a cure was effected, once in eight days, and once in ten days. The temperature fell from 39° to 36°, and the pulse in proportion. In the other cases the cure was equally obtained, but only on the fifteenth and eighteenth days respectively, whilst the dose was raised to two and a half milligrammes. The antipyretic action, however, was equally well marked, whilst the temperature fell on the eighth and ninth days about two degrees. The results obtained by M. Gubler are also noteworthy. The results of four cases are published; in these the patients were treated with hypodermic injections of half a milligramme once or twice a day, whilst half a milligramme of aconitia, which was gradually increased till this quantity was taken two to four times a day, was administered internally. In these cases a cure was effected upon the sixth, ninth, twelfth and thirteenth days; in one case there was a slight stiffness of the joints. The influence of the remedy upon the painful symptoms was very rapid upon the second to the fourth days, whilst upon the fever it was slower, though not less marked. The effects are very remarkable, according to M. Gubler, in cases of neuralgia of the fifth.

Dr. Oulmont concludes his work with the statement that aconitia is a remedy of importance, since it acts in a certain definite manner upon the human organism, but from its activity it must only be employed in very small doses and at long intervals. Neuralgia is often accompanied by intermittent symptoms and well marked periods. In such complications quinine must be employed in addition to aconitia. On account of the energetic action of the remedy the susceptibility of the patient should be tested by administering, in the first place, three pills daily, each containing a fifth of a milligramme of crystallized aconitia in addition to five centigrammes of pure quinine; one in the morning, one at midday, and one in the evening. If no alleviation of the pain is experienced on the first day, the dose may be cautiously augmented by a pill per diem, until a maximum dose of six in the course of twenty-four hours is attained, and in the majority of cases it will not be necessary to overstep this limit. If slight diarrhœa occurs, the dose must be reduced. Physiological experiments and clinical observations carried on in the Paris hospitals have shown us that these pills have a sedative influence upon the circulatory apparatus through the vaso-motor nerves, and it is concluded therefore that they are indicated in neuralgia of the fifth, in congestive neuralgia, in painful and inflammatory rheumatic affections, etc., etc.—*Practitioner.*

Treatment of Herpes Zoster.—In the treatment of this affection all remedies must be local. The chief attention must be paid to the epidermis, and care must be taken not to apply poultices or order baths during the acute stage of the attack, since applications of this kind would infallibly cause rupture of the vesicles. For a similar reason, the patient should be cautioned against scratching himself. The treatment, therefore, which has lately been recommended of scrubbing the part with a couch-grass brush, for the purpose of destroying the vesicles, cannot be too strongly discountenanced. The local application recommended by Mr. Hardy consists of starch powder, forty grammes, mixed with ten grammes of zinc oxide. The affected spots should be freely powdered with this mixture, which may be fixed by means of a layer of oil or cucumber ointment, whilst the whole is covered with a thick layer of cotton-wool. The local application relieves the pain, which, like neuralgia, should be treated with sulphate of quinine. When the pain is so great as to prevent sleep, a pill, consisting of 0.025 gramme of opium in conjunction with one or two grammes of chloral may be given. Hypodermic injections of the hydrochlorate of morphia may also be made, and they should be repeated as often as may be necessary. This is found to be the best method of subduing the pain and giving sleep. In cases of pale or red ulcerations, recourse should be had, at this period of the disease, to poultices of rice-powder and strained potatoes. In gangrene, tonic treatment must be employed, and the parts should be washed with carbolized water, with a solution of sodium chloride, or with camphorated alcohol, whilst wine and brandy are given internally. At the Hospital of St. Louis, M. Vidal treats, or rather stops, herpes by applications of collodion, which cause the vesicles to abort during the first two or three days. On the fourth or fifth days from the first appearance of the vesicles the collodion should not be used, as the vesicles shrivel and ulcerate beneath the collodion. After the expiration of the first two days, the real treatment should be adopted, and M. Vidal then employs a paste of starch and balsam.—*Gaz. des Hopitaux.*

Atropine in Spermatorrhœa.—Dr. Stephanides, of Carlsbad, has obtained excellent results from atropine in a case of profuse spermatorrhœa, in a patient suffering at the same time from advanced progressive muscular atrophy, and from commencing bulbar paralysis. As no source of irritation of the urethra could be discovered, he ascribed the spermatorrhœa to a relaxation and dilatation of the ductus

ejaculatorius, dependent upon irritation of that part of the spinal cord where the nerves controlling the preparation and discharge of the semen take their origin. The affected muscles were so weakened that they were unable to hold back the semen, which, following the law of gravity, flowed into and through the urethra. As, moreover, the flow of semen was constant, it seemed fair to assume that the patient secreted more semen than a healthy man would; this phenomenon is analogous to the increased secretion of saliva occurring in progressive bulbar paralysis. Dr. Stephanides thought that under these circumstances the use of atropine, which is known to control the so-called paralytic salivation, as well as hyperhidrosis, was indicated, rather than the bromide of potassium. He accordingly ordered the patient to take every evening one drop of a solution of eight centigrammes of atropine in eight grammes of distilled water (gr. $1\frac{1}{8}$—℥ ij). Under this treatment the spermatorrhœa ceased entirely in three days, but the remedy was continued for a few days longer, until dilatation of the pupils and irritation of the throat were produced. The spermatorrhœa made its appearance again in about two weeks, but again yielded at once to atropine administered in the same way.—*Medical Record.*

Cold and Hot Water in Post-partum Hæmorrhage.—An ordinary syphon syringe is the only instrument required, though we now use one with a long vulcanite nozzle specially constructed for vagial and intra-uterine injection. This is carried up to the fundus, and with the usual precautions against injecting air and securing a free return we inject water as hot as can be conveniently borne by the hand—that is, 112° F.—in a full stream into the cavity, continuing thus until a good contraction is secured and the water returns quite clear and colorless.

The following are some of the results of our experience in the use of hot water :

1. In cases of sudden and violent hæmorrhage in a strong and plethoric woman it is better first to use cold.

2. Where, from the prolonged or injudicious use of cold, the patient is found shivering and depressed, the beneficial effect of injecting hot water is rapid and remarkable.

3. In nervous, depressed, and anæmic women hot water may at once be injected without previously using cold.

4. In cases of abortion, where from uterine inertia the ovum, although separated from the uterine wall, is wholly or in part retained, the injection of hot water is generally followed by most satisfactory results.

5. Where the injection of the perchloride of iron is considered necessary previous injection of hot water clears the uterus of clots, etc., permitting the fluid to come directly in contact with the bleeding surface, and lessening the chance of septic absorption. (Dr. Lombe Atthill, in Dublin Jour. of Med. Science.)

Formulary.

Headache Prescriptions.—(From "Headaches," by W. H. Day, M. D.) In neuralgic headache, with constipation :

℞. Quiniæ disulph.....grs. xij.
Acidi sulph. dil.....℥ ss.
Tr. ferri perchloridi.....℥ ij.
Spts. chloroformi.....℥ ij.
Magnesiæ sulph.....℥ ij.
Syrupi Zingiberis.....℥ i.
Aquæ q. s. ad.....℥ xij.
M. Sig. Two tablespoonfuls three times a day.

In rheumatic headache :

℞. Potass. iodidi.....℥ ss. to ℥ i.
,, bicarb.....℥ ij.
Vini. sem. colch.....♏xl.
Ammon. carb.....gr. xxiv.
Syr. Zingiberis.....℥ ss.
Aquæ q. s. ad.....℥ viij.
M. Sig. Two tablespoonfuls three times a day.

In nervous headache from menorrhagia :

℞. To ferri perchlor.....℥ ijss.
Acidi sulph. dil *vel.* spt. chloroformi...℥ j.
Tr. lavand. co.....℥ vj.
Syr. aurantii.....℥ ss.
Mist. camph. q. s. ad.....℥ iv.
M. Sig. Two teaspoonfuls three times a day in a wineglass of water.

In the sickness and nausea of nervous headache :

℞. Acidi hydrocyanici dil.....♏xxjv.
Potass. bicarb.....℥ i.
Aquæ q. s. ad.....℥ vj.
M. Sig. Two tablespoonfuls, with grs. viij. of citric acid dissolved in a tablespoonful of water, and drink while effervescing.

In nervous headache with clear tongue and slow indigestion :

℞. Acidi nitrici dil.....℥ i.
,, hydrochlorici dil.....℥ ij.
Liq. strychniæ.....♏xxxvj.
Inf. quassiæ q. s. ad.....℥ xij.
M. Sig. Two tablespoonfuls three times a day.

A dinner pill in nervous and dyspeptic headache to assist digestion :

℞. Pulv. myrrhæ.....
,, rhei ää.....grs. xvj.
Pil. aloes Barb.....grs. xij.
Ext. anthemidis.....℥ ss.
Ol. caryophylli.....♏v.
M. et div. in pil. no xx.
Sig. One or two before the midday meal.

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

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Editorial.

Life Insurance for Physicians.

In common with all men it is appointed unto physicians once to die, and after death their families are just as likely to feel the need of money. It is one of the characteristics of the civilized man that he has an eye to the future. In his pristine, savage state, he lives entirely for the present, and in proportion to his advancement in the scale of being grows not only a concern for his own future, but also for that of those dependent on him. Life insurance is thus an outgrowth of human advancement.

Physicians are more deeply interested in life insurance than any other class of citizens. Aside from their direct interest growing out of the universal sentence passed on men, the fact that on them depend very largely the permanence of the institution and the probability that when the policy matures it will be honored, vests them with a responsibility which does not attach to the ordinary policy holder. Any other system of life insurance than that which is based on the data derived from such knowledge as is afforded by the known laws of disease and heredity must, in its very nature, be insecure, and, therefore, not entitled to confidence. Physicians especially should be found, on business principles, opposed to all such systems, for they, of all men, must be aware of their inherent weakness.

We received some time ago a communication suggesting the formation of a co-operative insurance association among the physicians of this State. The arguments in favor of such an association were clearly and succinctly set forth. The notoriously deficient business qualifications of physicians, and that consequent failure on their part to provide against the want which their families are likely to suffer in the event of their death, were tersely referred to. It was asked, cannot the physicians of Michigan, numbering upwards of 2,000 properly qualified practitioners, form an association pledging the survivors to the payment of say two dollars each to the widow or heirs of the deceased? This would raise a sum of $4,000, which would never come amiss, and in the majority of instances would prove an inestimable blessing.

The proposition appealed at once both to our feelings of fraternity and charity, and on the impulse of the moment we lent our endorsement to the plan. The sober second thought, however, which dictated the views expressed above as to the foundation of an insurance organization, has led us to reconsider in part our endorsement of the project. We by no means withdraw our approval of the end sought, it is a most worthy end, but the plan proposed has in it, in our opinion, much to weaken it and to bring about its early demise. It is true the expensive machinery of ordinary life insurance would be done away with and the policy holders would not be called upon to contribute to the colossal fortunes which some insurance companies have amassed; but to counterbalance these advantages are the facts that many of our physicians are old, and in the natural course of events must soon die. A company of this nature would naturally draw in a large percentage of these older men, and the consequence would be that the death rate and assessments would be higher than in regular insurance companies. The probabilities, moreover, are, providing the 2,000 physicians of the State would join the association, that the deaths in a few years would outnumber the recruits, and thus not only would the original sum grow less but the assessment would also become more burdensome. We believe that co-operative insurance companies among the people have a prospect of a number of years' endurance, the day of dissolution being deferred by the fresh recruits from among young men which such companies are more likely to receive in sufficient numbers than a company composed exclusively of physicians; but even with these it is only a question of time. This much may, however, be urged in their favor, they furnish cheap insurance while they do last; the difference between the cost of insurance in them and in ordinary companies, properly invested, will yield a better profit than if put into insurance.

The subject is an interesting one, and we have fulfilled our promise to lay it before our readers. Our views on it are also subject to revision on the presentation of reliable figures.

Chicken Cholera.

The ravages of this disease have been known to dissipate the hopes of the poultry fanciers, and to set at nought his figures, based on the known fecundity of the fowl and the high price of spring chickens. Doctors have been known to build castles on the uncertain foundation of the hen. To such of our readers as may have been thus caught, a recent paper, by Pasteur, read before the Academié des Sciences, of Paris, and referred to in an editorial in the London *Lancet*, will have an interest independent of that which is purely scientific. The paper treated of "Cholera des Poules," chicken cholera. This disease, so decimating to poultry yards, and which spares not the choicest breeds, has been ascertained to be caused by microscopic organisms now for the first time detected by Pasteur, though previously suspected by Moritz, a veterinary surgeon in Alsace. Pasteur is of the opinion that at some future period they will be placed in a distinct category of virus, the nature of which is at present unknown. The

microbia differ from minute organisms generally in that steam heat is fatal to them, and that they are incapable of maintaining life in a decoction of yeast in water. Guinea pigs inoculated with the virus are much less likely to die than chickens similarly treated. The inoculation of the former presents usually only a local lesion, which may terminate in the formation of an abscess. The microbion remains in the abscess, unless this do not spontaneously open, in a state of great purity, mingled with the pus, and without losing its vitality. It may be removed from the abscess without detriment to the animal.

M. Pasteur adds some particulars which have an interesting bearing on the relations of the vaccine virus with variola. By a change in the mode of culture the virulence of the microbion may be diminished. The diminution is evidenced by a certain retardation in the process of cultivation, and whilst the ordinary virus proves fatal in every case the retarded virus only causes serious disease, but not death. If the animals after recovery be again inoculated with the active lethal virus, it is found that they are no longer capable of being killed by it. The conclusion is obvious: the disease is one that is self-protective; it resembles virulent maladies; it does not relapse. M. Pasteur states that the real point of novelty in his observations is that a disease has been ascertained to exist the virulent agent of which is a microscopic parasite in the blood, a living being, which can be cultivated outside of the economy. The nature of the virus in other cases is unknown, that of the chicken cholera is an animated organism, and the disease it induces presents this hitherto unknown point of contact with virulent disease, properly so-called, that it is not liable to relapses. Its occurrence throws a kind of bridge between the territory proper to those virulent diseases which proceed from a living virus and that of diseases the life of which, so to speak, has never been established.

In comparing these results with the relations that vaccinia bears to variola, it would appear that the modified microbion, that is to say, the microbion which has developed in the body of the guinea-pig, behaves like the vaccine virus, and that it assumes a new and definite form, rendering it unnecessary to revert to its original source.

There is a suggestion here which may enable the expulsion of cholera from the poultry yard. It is certainly worthy a trial. With cholera overcome this source of food admits of extensive cultivation.

From present indications the meeting of the Michigan State Medical Society, on the 12th inst., is to be marred by none of the irrelevant proceedings which have characterized the annual conventions of that body during the past four or five years. The question of Homœopathy in the University being out of the way, and the question which disturbed last year's meeting being removed, there occurs to us nothing now which could be framed into an excuse for a contention. But the inventive genius of the human mind is usually equal to the perversity thereof, and if the will exist there will be found a way of kicking up a row.

Miscellany.

A CASE OF DEATH FROM OVER-DOSE OF EMPIRICISM.

(Reported for the MICHIGAN MEDICAL NEWS by S. V. C., M. D., Chicago.)

Fortified with classic knowledge, crammed with scientific lore;
Pierian drinking in his college made him thirstier for more.
Heads or tails for a profession, staked his choice upon a toss:
Pluto helped the bad selection, law and gospel suffered loss.

Straightway sailed he into physic, causing junior profs. to stare,
For his progress made them dizzy with the speed he passed each chair.
Bagatelle were bones and muscles, chemics and histology;
One book he found helped many puzzles: Emmett's Gynæcology.

But his last year was a stumper, and he fain would help his wits
With an alcoholic bumber; oft he had despondent fits,
O'er the therapeutic flatus of mildewed "authorities."
Parrott-like he crammed till he was threatened with tympanites.

Lured by shades of Francis Bacon, Priestley, Hunter, Vesal, he
Two first years had blindly pressed on, winning laurels easily.
Feeling in his bones that he could lift his patients into health
With Legendre or his Euclid, gain their thanks and earn great wealth.

Drilled with care in mathematics, not a doubt had dimmed his bliss,
But that cube roots and rheumatics, conic parts and syphilis;
Calomel and logarithms; physics and phlebotomy,
In the third year's explanations, formed one loving family.

When he lifted Wood, his practice, Watson, Ziemssen, Seguin, Beard,
Flint, the senior (of empirics), agony his eye-balls seared.
"Pigs on fucus, here are fattened," in an Irish book he read,
Then it was our student flattened—when they found him, he was dead.

(These lines were suggested by the sudden demise of a scientific medical student, who, during his literary course, had always claimed that medicine was not properly studied, and that mathematical and scientific principles could be applied to the cure of diseases.)

THE UNDERTAKER AS AN ARTIST.—Says the *Medical Record:* It has been reserved for the present century to attempt an elevation of the undertaker to the position of an artist. Such an attempt may appear novel, but it is quite a legitimate one, and only indicates a natural awakening to the wider demands of our present civilization. The evolution of society from the homogeneous and simple to the heterogeneous and complex should not, and does not, exclude the undertaker in its readjustments. It may have been noticed that when it is proposed to discuss a subject philosophically, a popular custom is to announce that this particular thing is the barometer of civilization. It has in this way been discovered that civilization has a great many barometers. But we venture to say that none will give greater satisfaction than the undertaker, whom we now place on the list. The functions and duties of this person have, as a rule, been simple or complex in accordance with the character of the society in which he lives. At present, when fashion coquets with death, and rules mortuary observances as strictly as the style of bonnets, the undertaker has to be a very live man to keep up with his work. It requires no inconsiderable skill to have everything done with decency and in good form. We are rather of the opinion, therefore, that the undertaker has not been credited with all that is due him. He is apt to be looked upon at present in a too lugubrious light—as one of the sad necessities that accompany extinction, or as answering, to a certain extent, the apostolic query: Where is the sting of death? He has never, by any accident, been looked at as an artist; and yet such, without doubt, is to be the position of the undertaker of the future. This we have, to a large extent, on the authority of the State Board of Health of New Jersey, for it is in sanitary matters that his work is to expand to the symmetry and coherence of an art. The undertaker ought to know, and will know, when an artist, all about the facts of contagion, and the best methods of disinfection; he will be able to apply the tests of death; he will know how to prepare the body so that it will be inoffensive and incapable of spreading disease. He will understand the nature of cemetery soils, and will be able to tell how long a time will be required for the body's decomposition and disappearance. He will prepare and encase the body also, so that, according as may be desired, it will remain unchanged in its tomb, or will be rapidly absorbed by the surrounding soil. In fact, in addition to superintending the details of, and preparations for, an artistic interment, he will do everything that science requires to make the passage of the body from the death-bed to the tomb harmless to the living, and as little painful to the feelings of the bereaved or the æsthetic sense of the world in general, as possible.

It will be seen that in this new field there is now much for the undertaker to accomplish, both for himself and the community, if he will only learn. Undertakers are licensed in some States; as this tends to secure a more responsible body of men, it ought to be more generally the rule. In New Jersey, we learn, considerable interest has been shown by undertakers already, regarding the sanitary questions in which it is proposed they shall be instructed. A diffusion of this interest ought to take place, as it would undoubtedly tend to the security and health of the community.

THE POWER OF "GOOD SPIRITS."—On a recent occasion we remarked on the disastrous effects of "depression" of the physico-mental being—as a whole—and showed how it left the organism exposed to the onslaught of disease. The corollary of that line of reflections is one to which it is equally worth while to direct attention—namely, the power of "good spirits." With the aid, or under the influence of "pluck," using that term in a modern sense and in relation to the daily heroism of life in the midst of difficulties, it is possible not only to surmount what appear to be insuperable obstructions, but to defy and repel the enmities of climate, adverse circumstances, and even disease. Many a life has been saved by the moral courage of a sufferer. It is not alone in bearing the pain of operations, or the misery of confinement in a sick-room, this self-help becomes of vital moment; but in the monotonous tracking of a weary path, and the vigorous discharge of ordinary duty. How many a victim of incurable disease has lived on through years of suffering, patiently and resolutely, hoping against hope, or, what is better, living down despair, until the virulence of a threatening malady has died out, and it has ceased to be destructive, although its physical characteristics remained? This power of "good spirits" is a matter of high moment to the sick and weakly. To the former it may mean the ability to survive, to the latter the possibility of outliving, or living in spite of, a disease. It is therefore of the greatest importance to cultivate the highest and most buoyant frame of mind which the conditions will admit. The same energy which takes the form of mental activity is vital to the work of the organism. Mental influences affect the system, and a joyous spirit not only relieves pain, but increases the momentum of life in the body. The victims of disease do not commonly sufficiently appreciate the value and use of "good spirits." They too often settle down in despair when a professional judgment determines the existence of some latent or chronic malady. The fact that it is probable they will die of a particular disease casts so deep a gloom over their prospect that through fear of death they are all their lifetime subject to bondage. The multitude of healthy persons who wear out their strength by exhausting journeys and perpetual anxieties for health is very great, and the policy in which they indulge is exceedingly short-sighted. Most of the sorrowful and worried cripples who drag out miserable lives in this way would be less wretched and live longer if they were more hopeful. It is useless to expect that any one can be reasoned into a lighter frame of mind, but it is desirable that all should be taught to understand the sustaining, and often even curat ive, power of "good spir its."

Female Eunuchs.—Among the revolting perversions of religion, is that which requires both men and women to submit to the operation of castration. History records numerous instances of male eunuchs, but its pages are silent concerning the unsexing of women.

It is not very generally known that there exists in Russia a religious organization whose members hope to reach heaven by removing the possibility of venereal temptations. The process of emasculation is comparatively easy, and belongs to common surgical practice; but the removal of the ovaries is a more serious operation, and demands an expert. Until recently there was only one Russian surgeon who was fully qualified for this hazardous work. Educated in Paris for his nefarious occupation, he returned to his own country, and has since amassed an enormous fortune.

The Russian Government is not at all in sympathy with these fanatics, and is strenuously endeavoring to suppress the rite; but the task is a difficult one, because it is practiced among the noble and wealthy as well as among the commonalty.

So is added another offence to the disgusting chapter of sexual frauds. On the one side we may array illicit gratifications of the sexual passions, and on the other, mutilations of the body, under the absurd notion that removing the physical means is equivalent to removing the spiritual cause of sinful desires.

The Era of Pads.—*The Pharmacist:* We refer not to the foot-pads, who are indeed plentiful enough, but to those little specimens of medical upholstery now hawked about for almost every ill that flesh is heir to. Medical philosophers who were wont to hold up the temporary success of the Perkins' tractors as an example of a superstition once prevalent among the people, and to congratulate themselves on the intellectual superiority of this age, stand in amazement as spectators of a repetition of the folly of faith. Already we have "liver-pads," "lung pads," "kidney pads," "headache pads," and of course will soon have "heart pads," "stomach pads," "womb pads," "worm pads," etc. Ere long we may expect enterprising firms to advertise as complete a line of pads as they now do of elixirs or sugar-coated pills. The padites or paddies appear to believe that remedies permeate the body, as do bullets, in a direct line, regardless of teguments, tissues or circulating fluids.

A Night Light.—A simple way to produce an illuminating composition is thus described in *Industry:* Cleanse oyster shells by well washing, expose them to a red heat for half an hour, separate the cleanest parts, and put into a crucible in alternate layers with sulphur; now expose the vessel to a red heat for an hour at least. When cold break the mass, and separate the whitest parts for use. If inclosed in a bottle the figures of a watch may be distinguished by its aid. To renew the illuminosity of the mass place the bottle each day in the sun, or in strong daylight; or burn a strip of magnesium wire close to the bottle. The sulphide of lime will thus absorb light which will again be available at night time.

Dr. Wm. H. Cook, Dean of the Physio-medical Institute, of Cincinnati, requests us to be more explicit in our reference to the "Institute" referred to by us some time ago as that which had a dispute with the Illinois State Board of Health. He says that some have thought the reference was to the "Institute" of which he is dean. We beg to disabuse the minds of any such. There are "Institutes" and "Institutes" in Cincinnati, but Dr. Cook's "Institute" was not the particular one singled out in our reference, and Dr. Cook assures us that it deserves not to be cast under the shadow of suspicion, its skirts being clear of diploma-selling or any other defilement or crookedness.

A medical student at Queen's College, Cork, has been rusticated by the College Council for twelve months, for having got up among the students an address to Parnell on his return from America. The Council held to the opinion that a medical student has no time to be a patriot, and to maintain discipline they gave this gentleman an opportunity to devote himself to that for which he, for the time being, relinquished medicine. In this country it is not unusual for patriotism and medicine to be run by the same individual.

A German eye doctor, Mooren, recently celebrated a rare form of jubilee, at Dusseldorff. It was the occasion of his entering on his list his 100,000th patient, having performed 16,765 great operations, 3,700 being for cataract. The town celebrated the event with festivities. Every little while some of our own oculists report a series of a hundred cases of cataract operated on and yet the town never thinks of making a noise about it. But then we Americans are such a matter-of-fact people!

One of our exchanges says that reading a medical journal sandwiched with advertising pages reminds him of taking alternate bites of an orange and a lump of assafœtida. Another says that findingone of those highly colored leaves in the midst of an entertaining article seems more like finding a worm in a peach, and always tempts it to pitch the thing away.

The melting together of five parts of nitrate of silver and one of nitrate of lead, forming an argentum plumbo-nitricum, is recommended as an improved nitrate of silver caustic. Sticks thus made are not easily broken and may be pointed like a lead pencil.

In welcoming the editor of Gaillard's *Medical Journal,* (the *Richmond and Louisville Medical Journal, ci devant*) to New York city, its new home, the *Medical Eclectic* informs him the more he uses the scalpel and the less the sucking bottle the greater will be his chances of success.

A horse-stealing case tried at Lambeth recently revealed the little known fact that horse-stealers commonly carry a stick of silver nitrate to darken white spots on horses to prevent identification.—

The *Maryland Medical Journal* now comes to us as a semi-monthly. Thus one by one the leading journals are beginning to realize that times have changed since they started out as monthlies. Once a month is too seldom for the current age.

Bromide of ethyl is now recommended as a local anæsthetic applied in the form of spray. From recent reports of its use by inhalation let us pray that it be limited to this mode of local application.

Dr. Eugene Smith, Professor of Opthalmology in the Michigan College of Medicine, has removed his office and residence to 149 Lafayette avenue, corner of Second street.

Dr. Garan, of Sarbonne, says: Other things being equal, the legibility of a printed page does not depend on the height of the letters, but upon their breadth.

Claudius Galenus, the illustrious physician of ancient Pergamos, was wont to speak of his vocation and work as "a religious hymn in honor of the Creator."

Rest, position and pressure are the trinity of the healing surgical graces, but the greatest of all is pressure.—*Gamgee.*

The new British Parliament contains six medical gentlemen among whom are two of note.

Professor Hebra has been created a Hofrath. Everybody knows what a Hofrath is.

Could not a doctor's fee be justly called ill-gotten gains? asks an outside barbarian.

Book Notices.

THE VENEREAL DISEASES, INCLUDING STRICTURES OF THE MALE URETHRA. By E. L. Keyes, A. M., M. D., Professor of Dermatology and adjunct Professor of Surgery in the Bellevue Hospital Medical College, etc.

A HANDBOOK OF PHYSICAL DIAGNOSIS COMPRISING THE THROAT, THORAX AND ABDOMEN. By Dr. Paul Guttmann Privat Docent University of Berlin. Translated from the third German edition by Alex. Napier, M. D., Fel. Fac. Phys. and Surg., Glasgow. Colored plate and 89 fine wood engravings.

A TREATISE ON FOREIGN BODIES IN SURGICAL PRACTICE. By Alfred Poulet, M. D. Adjutant Surgeon-Major, Inspector of the School for Military Medicine at Val-de-Grace. Volumes I and II.

New York: Wm. Wood & Co. Detroit: E. B. Smith & Co.

The above are the first four volumes of Wood's Library of Standard Medical Authors for 1880, being the numbers for January, February, March and April respectively. Contrary to the expectations of many, Messrs. Wood & Co. are continuing the cheap series of medical books commenced last year. They must have some means unknown to others through which they are enabled to furnish even the mechanical part of so much matter, to say nothing of the remuneration to the authors, for so little money. Certainly so much medical literature was never before furnished for so small a price.

The Library for 1880 starts out with an improved appearance over that of 1879. Each of the volumes above mentioned is a valuable one, and has on its title page the name of an author of high standing with the profession. The mechanical execution, paper and binding are also an improvement over those of last year. To meet this latter increase in the item of expense $3.00 has been added to the cost of of the est of twelve, thus making the cost of the whole $15.00.

Among the eight volumes announced for the completion of the set are several by authors whose names are guarantees of the excellence of the books—Da Costa, of Philadelphia, Munde, of New York, Trousseau, of Paris, for instance.

A TREATISE ON THE THEORY AND PRACTICE OF MEDICINE. By John Syer Bristowe, M. D. Lond.. Fellow, and formerly Censor of the Royal College of Physicians; Senior Physician to, and Joint Leader on, Medicine at St. Thomas's Hospital etc.; with notes and additions by James H. Hutchinson, M. D., one of the Attending Physicians to the Pennsylvania Hospital, etc.

Philadelphia: Henry C. Lea. Detroit: E. B. Smith & Co.

The volume before us is the second American edition of this standard work. The book requires no introduction to the profession. The first edition was issued in 1877, and the work already occupies a position, in the estimation of those familiar with it, inferior that of no other text book on Practice.

A characteristic of the book is the prominence it gives to the more practical aspects of the affections discussed, to their clinical phenomena and therapeutics. The American editor has supplied the defects which any English work on Practice must present to the American physician. Certain diseases occurring in England occur here with a difference in the severity of their symptoms, a difference due, doubtless, to the peculiarities of climate, modes of life and other of the known modifying causes of disease.

The book is a model of conciseness and combines as successfully as one could conceive it to be possible, an encyclopedic character with the smallest dimensions. It differs from otheer admirable text books in the completeness with which it covers the whole field of medicine.

A MANUAL OF PATHOLOGICAL HISTOLOGY. By V. Cornil, Assistant Professor in the Faculty of Medicine of Paris, and L. Ranvier, Professor in the College of France. Translated, with notes and additions by E. O. Shakespeare, A. M., M. D., Lecturer on Refraction and Operative Ophthalmic Surgery in the University of Pennsylvania etc.; and J. Henry C. Simes, M. D.; Demonstrator of Pathological Histology, and Lecturer on Histology, in the University of Pennsylvania; with 360 illustrations on wood.

Philadelphia: Henry C. Lea. Detroit: E. B. Smith & Co.

The great popularity of this work in France has induced the English translation herewith presented. It is an essentially original and independent work, being based on the actual demonstration of the statement made throughout. Wherein these demonstrations coincide with those by other authors, the work is a duplicate of those preceding it, but wherein others are wrong this does not follow.

The American editors and translators have brought the work up abreast of the latest advancements in this field of medicine, and have illustrated th e text in a number of places from that great work, the Medical and Surgical History of the War of the Rebellion.

The metric systems of weights and measurs has been retained in the translation. It would have been an improvement to have given the equivalent in the old system. We think the translators are mistaken in assuming that the the metric system is making great headway with the profession of this country.

Sea Air and Sea Bathing. By John H. Packard, M. D. Surgeon to the Episcopal Hospital, etc. Price 50 cents. Philadelphia: Presley Blakiston. Detroit: E. B. Smith & Co.

The person who contemplates a visit to the seashore during the coming season cannot invest a half a dollar to better advantage than in buying this little book. It gives full instructions in all those matters of detail, attention to which is so essential to comfort, especially when one is away from home. The various rules for resuscitating the drowned are given. Among them are those issued by the Michigan State Board of Health. The author of the book calls them the "Michigan" method. In our opinion it is the best method, and if Dr. Packard had illustrated it with the cuts of Dr. Kedzie resuscitating an unfortunate, he would in so far have made it more intelligible.

Notes of Hospital Practice. Part II. New York Hospitals. Edited by Samual M. Miller, M. D. Philadelphia: Samuel M. Miller, publisher. Price $1.00.

In noticing Part I, Notes of the practice of Philadelphia Hospitals, we referred to the very practical nature of these "Notes." In Part II the same plan is continued, the chief difference being that in it we have the methods of a greater number of the representatives of American practice. In this regard Part II is an improvement on its predecessor. We have here notes from the practice of Alonzo Clark, H. G. Piffard, Austin Flint, Alfred Loomis, H. B. Sands, Frank Hamilton, T. G. Thomas, and men of that class.

As in Part I the editor has again neglected to supply an index, an important omission in a work of this nature.

Post Mortem Examinations with Especial Reference to Medico-legal Practice. By Professor Rudolph Virchow. Translated by Dr. T. P. Smith. Price $1.25. Illustrated. Philadelphia: Presley Blakiston. Detrot: E. B. Smith & Co.

The necessity of a guide to the intelligent performance of a post mortem examination must have been felt by every practitioner at some stage of his professional life. We have in this little book such a guide. When we call attention to the fact that Virchow wrote it we have done all that is necessary by way of commendation.

Pamphlets Received.

The Therapeutic Action of Quinine. By J. W. Compton, M. D., Prof. of Therapeutics in the Medical College of Evansville. Reprint from the Indiana Medical Reporter.

Reflections upon the History and Progress of the Surgical Treatment of Wounds and Inflammations. By Edward Borck, M. D., St. Louis, Mo.

Lectures on Cataract, with a Tabulated Report of One Hundred Recent Cases. By G. E. Frothingham, M. D., Professor of Ophthalmology in the Univ. of Mich. Reprint from the Physician and Surgeon.

The Problem of Insanity. By George M. Beard, A. M., M. D. Reprint from the Physician and Bulletin of the Medico-Legal Society, New York.

On the Nomenclature and Classificaton of Diseases of the Skin. By L. Duncan Bulkley, A. M., M. D., Physician to the Skin Department, Demilt Dispensary, New York, etc. Reprint from Archives of Dermatology.

The Use of Water in the Treatment of Diseases of the Skin. By the same author. Reprint from the Chicago Medical Journal and Examiner.

Fracture of the Posterior Lip of the Left Acetabulum, with a Specimen. By H. O. Walker, M. D., Lecturer on Anatomy and Genito-urinary Diseases in the Detroit Medical College. Reprint from the Detroit Lancet.

The Prospective Advantages of Baltimore as a Medical Center. By John Van Bibber, M. D. Reprint from the Maryland Medical Journal.

Bromide of Ethyl: its Physiological Action. By Isaac M. Ott, A. M., M. D. Reprint from the Detroit Lancet.

A Case of Intra-uterine Ichthyosis, with Three Woodcuts. By Wm. R. Smith, Sr., M. D., Cairo, Ills. Reprint from the American Journal of Obstetrics.

Modern Abuse of Gynæcology. By Clifton E. Wing, M. D., Boston.

Diseases of the Maxillary Sinus. By Edward Borck, M. D., St. Louis, Mo. Reprint from the Indiana Medical Reporter.

Original Articles.

Albuminoid Degeneration of the Liver and Kidneys.

A CLINICAL LECTURE BY WM. PEPPER, M. D.

(Special Report for the Michigan Medical News.)

This patient is 36 years of age. Fourteen years ago he contracted syphilis. This infection was followed by severe secondary symptoms, which appeared to yield to treatment, but which in reality did not, as is so often the case. For the past year he has been complaining of ill health. He has had severe pains over the liver, but no jaundice, and symptoms of indigestion unaccompanied by vomiting. The bowels have been opened twicc a day for about ten days of each month. He has suffered lately from frequent micturition, and has to rise very frequently at night. The urine has at times been high-colored, but never turbid. He has also

had hectic fever, which is not infrequently present in these cases of specific disease. His digestion is constantly disturbed and his bowels are very loose. Notwithstanding the fact that the urine is passed more frequently and in greater quantity than normal, there has been dropsy of the lower extremities.

First let us direct our attention to the kidneys. Upon examination the urine has been found to contain about three per cent. of albumen. There is also present a considerable amount of the coloring matter of the blood, as is proven by the change of color when we come to add a few drops of nitric acid to the urine. This change is very frequently noticed when the blood is undergoing disintegration as a result of splenic or hepatic disease. The specific gravity of the urine is 1.012. It contains a number of hyaline casts. This is enough to prove organic disease of the kidneys. But to proceed with our examination. We find the abdomen enlarged. This enlargement may be due either to the enlargement of some of the viscera or it may be the result of distension by gas or by some liquid. There is very little dropsy present. The percussion resonance is fair all over the bowels, but about four inches below the margin of the ribs the note becomes flat. This dullness extends upwards to the second interspace. The vertical extent of the dullness on the right side is ten and three-quarter or eleven inches. Looking at the left lobe of the liver we find that it is even more prominent than the right, and it extends upwards to about the same level. On the left side the dullness extends until it meets that of the spleen. This shows the existence of marked enlargement of the liver and spleen.

Commonly speaking we meet with but three forms of chronic organic disease of the kidneys: (1) The granular or contracted kidney, in which the amount of urine is large and that of albumen small. There is but little dropsy present and but few tube-casts are to be found under the microscope. Then (2) comes the large white, or catarrhal, kidney, in which the urine is diminished in amount and contains a large amount of albumen. In this form there is always considerable dropsy present. (3) We have the waxy kidney, in which disease the urine increases very greatly in amount and has a specific gravity of about 1.012, *i. e.*, that present here. In this form the albumen is present in only moderate quantity. A considerable number of hyaline tube-casts are found. In spite of the large amount of albumen passed the dropsy is considerable and progresses. Disease of the liver and spleen are also generally present in this variety. The spleen and liver, in this instance, although much enlarged, have retained their normal shape, indicating that the hypertrophy is due to the infiltration of the organs with this albuminous material. Some livers taken from such patients as these after death weigh as much as fourteen or fifteen pounds. The pain present is usually very slight unless there is some associated peritonitis, such as very often accompanies specific disease. It is not attended with jaundice, neither is it so apt to be attended by dropsy of the abdomen as cirrhosis, although ascites is very apt to put in an appearance late in the course of the disease. Waxy liver is not attended with the formation of irregular nodules, such as often accompany cancer.

You may take it for granted, then, that when we meet with a case in which we have the characteristic symptoms of albuminoid degeneration of the kidneys, and find associated with it enlargement of the liver and spleen, we have to do with a case of albumenoid degeneration. Very frequently the mucous membranes are also involved, the walls of the blood vessels are thickened and changed, and thus the danger of hæmorrhage is increased. There has been no hæmorrhage thus far in this case. Frequently there is a serous discharge, and sometimes a marked tendency to the occurrence of diarrhœa.

Far from being due to a local cause, this disease is the result of the infiltration attending a depressed and cachectic state of the system. It very often occurs in long-standing scrofulous disease, especially where there has been suppuration, and where the nutrition is very faulty. It frequently also accompanies long-standing suppuration and exhausting discharges, independent of scrofula. There is, however, no condition which is so apt to cause it as long-standing constitutional syphilis.

I shall consider the treatment under three heads. In the first place we use nutritious food with cod-liver oil, preparations of malt, iron, etc. Then (2) we treat the cause of the disease. In such a case as this, where we have discovered the specific nature of the trouble, we will, of course, employ an anti-syphilitic treatment, but as our patient's stomach is very weak, we will be very careful how we employ the iodide of potassium. I shall use here the iodide of mercury as an alterative, and as tonics administer iron and some vegetable bitter. The last part of our treatment must be based upon the special characteristics of this degeneration, and on this ground we administer salines. Chief among these I place the phosphatic salts. They would seem to be indicated by the fact that if we examine the liver in cases of this disease we will find that it is extremely deficient in the salts of sodium and potassium. We therefore do the best we can towards supplying the place of these deficient salts by administering the phosphite and hypophosphite of sodium and potassium freely

Case 2.—This child is very ill. When it was admitted to the wards it was suffering from general malaise, with œdema, principally marked in the legs, but also noticeable in the arms and face. There was also a constant draining diarrhœa. The urine has always been passed freely, and contains no albumen or tube-casts. The child has never had scarlet fever or measles, diseases which often give rise to affections of the kidneys. In consequence of the diarrhœa and general lack of tone in the circulation, I ordered the child placed on chalk mixture and digitalis when it first came under my notice. Injections of jaborandi were also employed to relieve the dry skin and feverish condition of the patient. This treatment by jaborandi, contrary to my expectations, produced profuse diuresis, and no sweating. Let me call your attention to the constant discharge of sanious pus from both the child's ears. You also

notice the crops of petechiæ under the skin of the body, arms and right leg. Where these crops have come and gone, you see they have been followed by a slow desquamation. The child has been given good, strong, nourishing food, and, as medicines, iron, quinia and arsenic have been employed. In spite of our care, however, the little patient is rapidly sinking, and, I fear, will not survive much longer. Now what, let me ask you, is the nature of this case? There is no nephritis, for the most painstaking examination of the urine has failed to reveal any albumen or tube-casts. The idea of scurvy or inanition is put out of the question by the fact that the child has been under fair circumstances and careful nourishment for the past six weeks, and yet has been constantly getting worse. I find no cardiac and no pulmonary disease, but percussion shows me that the liver is enormously enlarged, its lowermost point reaching to the middle line of the belly, about half an inch above the umbilicus. The surface of the organ is smooth, and the pressure over it gives rise to no pain. I can discover no enlargement of the spleen. Now, it is well known that albuminoid degeneration of the liver very frequently follows purulent otorrhœa, and is attended with just such a scrofulous cachexia as we find here. I must add that it is very unusual to find albuminoid degenerations limited to one organ, as in this case, but, for all I know, the disease may have already begun to affect other organs. We generally date albuminoid degeneration of the kidneys from the appearance of albumen in the urine, and degeneration of the gastro-intestinal mucous membrane from the presence of blood in the stools. Neither of these symptoms, as I told you, has yet appeared. The usual symptoms of albuminoid degeneration may be briefly mentioned as follows: Progressive gradual failure of health; marked anæmic and scrofulous cachexia; loss of flesh and strength; degeneration of the walls of the small blood vessels, followed by hæmorrhages under the skin, producing petechiæ; a general predisposition to leakage of serum and blood-disks from the blood vessels, bringing on hæmatemesis and bloody stools, with general anasarca. When the kidneys are involved, the symptoms of dropsy develop very rapidly. When, as in the present case, the liver is chiefly affected, there is usually marked abdominal dropsy.

Despite the best treatment, the little patient is rapidly sinking, and will soon pass beyond the reach of our remedies.

Peri-uterine Cellulitis.

BY O. E. HERRICK, M. D.. GRAND RAPIDS, MICH.

This condition is defined by Dunglison as "inflamation of the areola tissue around the uterus," and is a condition much more frequent than is its recognition or treatment. While it is just as distinctly a disease as pneumonia, hundreds of cases exist unrecognized ; many of them under treatment for various diseases such as carcinoma, ulceration of of the os-uteri, vaginitis, cystitis, displacements. And ter the whole catalogue of local and general medication has been gone through with, perhaps over and over again, until both the patient and physician are heartily tired and disgusted with the case, all treatment is suspended ; and after an indefinite length of time, varying from six weeks to six months, the patient partially recovers, and will usually remain in this condition of fair health from a few months to a year, only suffering pain after a long walk, or from riding over a rough road, or during coition, when the trouble is again lighted up, only to go through again the same routine of treatment.

The causes of this troublesome complaint are various. Sometimes it unquestionably follows upon tedious labors, and exposure to cold is another fruitful source, prolonged and unusually muscular exertion, much running up and down stairs, as is shown from its being often found among young ladies attending school, who are far enough advanced in their studies to attend the upper rooms of our fashionable, but abominably constructed school houses. It is also no less frequent among the lady teachers of these institutions. Another, and I apprehend a very frequent cause, among married ladies is the inordinate indulgence in sexual intercourse, as I have often noticed it among weak and frail women married to strong and vigorous men, (and right here I will say that I have very often seen it cured promptly by the wife going from home upon a prolonged visit.) That it exists in both the acute and chronic forms is shown by the patients only partly recovering, and remaining in this state for an indefinite period, when upon some slight cause they are again attacked and confined to their beds, unable to move without excruciating pains for weeks. That it is entirely a distinct disease from peritonitis, although it may be sometimes associated with it, is shown by the absence of abdominal distention and swelling, and there is none of that painful sense of twisting about the umbilicus, the bowels also often remaining perfectly regular during the attack, while the pulse is only moderately increased and the temperature rarely reaches above 100°. There is little or no tenderness about the abdomen except in the immediate vicinity of the uterus, and usually there is none of that sickness at the stomach, nor hiccough so common in peritonitis. The diagnosis of cellulitis is quite easy if a few points are borne in mind. The patient may, or may not have a chill, followed with fever at the commencement, but she suffers great pain when in the standing or sitting posture, and there is usually a desire to frequently void the urine; there is extreme tenderness about the lower portion of the abdomen, while the least pressure upon the perinæum or any where about the ischiatic notch will cause the patient to shriek with pain. During the height of the attack it is almost impossible to make a vaginal examination because of the pain produced. But after the intensity of the inflamation is passed, upon introducing the finger within the vagina, the uterus will often be found to be nearly normal, both in position and size, and only slightly tender, but the least pressure into the cul-

de-sac of Douglas, or towards the bladder, or in fact in any direction from the uterus will cause most excruciating pain. The vagina has a thick swollen feel and is extremely tender, but there is rarely any discharge during the acute stages, in fact the vagina is unusually dry. While the patient lies quietly upon her back in bed the pain is not very severe, and what pain there is, is dull and heavy in character, instead of streaking, but on attempting to move she suffers intensely. The above symptoms are of a typical case of cellulitis. There may be and often is, associated with it the different displacements of the uterus, and it is then that the real disease is most liable to be overlooked. I have known physicians to attempt to introduce pessaries during the height of an attack of cellulitis, and failing to make the patient wear the instrument, laid the blame upon the pessary, pronouncing it unsuitable because it produced irritation when the parts themselves were so tender that the introduction of the finger was almost unbearable. I remember one case of this kind, which afterwards fell into my hands, and after the cellulitis was relieved, wore the identical pessary for three months without the least trouble, that had been discarded because it was *supposed* to produce irritation.

After repeated attacks there is more or less permanent induration and thickening of the vaginal walls, and frequently there are adhesions which bind down the uterus in a dislocated position. Cellulitis is sometimes followed by resolution without the formation of any of the products of inflammation, but much more frequently there is a deposit of purulent matter in the areolar tissue, the most frequent site for its collection is just anterior to Douglas cul-de-sac. Sometimes there is quite a quantity but as a rule there is not over a table-spoonful; the largest amount I ever saw secreted was half a pint, but that was an unusually severe case. I always commence treatment, in these cases if called early, by giving gallon injections of water 100° Fahr. every hour for at least six hours, and I sometimes continue them eight or ten, if there is any prospect of aborting the attack. Besides the injections, and next in importance, is hot fomentations to the abdomen, and they should be continued for at least twenty-four hours, and changed often enough to keep them not only *warm* but *hot*. Accompanying these local measures should be full doses of opium to keep the pain completely down, for I believe that opium not only relieves pain, but in these cases is an important factor in subduing the inflammation itself, it is also, perhaps, well to give some of the febrifuges such as aconite, veratrum viride, gelsemium, &c. If the inflammation does not yield within thirty-six hours it is quite evident that it cannot be aborted, and then instead of giving a hot injection every hour, if they are given three times a day it will be often enough; a persistent use of them oftener than that might exhaust and weaken the patient too rapidly; the fomentations to the abdomen should be continued, though they need not be kept so hot. A hot linseed poultice, changed once an hour, will be about the thing. As soon as the patient can stand the pain a vaginal examination should be made, and the vagina packed with either lint or carbolized cotton saturated with the following mixture:

℞ Olei olivæ ... ...
Glycerinæ ... ... ää ʒ j.
Acidi carbolici.... .. ... gtts. xxx.
Ext. aconiti rad. fl ... .. ʒ ss.
Olei camphoræ..... ... ʒ ss.

This should be at least changed twice a day and the hot injection given at the time of repacking the vagina. If there is displacement no attempt at replacing should be made until the height of the attack has passed; if pus forms, as soon as it is detcted a free incision should be made and the pocket evacuated and packed with lint. The patient should also from the first take tonic doses of quinine, and the bowels should be moved after the first forty-eight hours by enema. After the inflammation has entirely subsided, then if there is displacement of the uterus it should be replaced, and retained by a proper support until the natural supports are strong enough to keep it in place without artificial aid. If it is kept down by adhesions the hand may be introduced into the rectum to break them up if they are not too extensive, by the method described by me in a former number of this journal.

A Case of Skin Grafting—Some of the Disadvantages of Being a Young M. D.

BY GEO. I. ROSS, M. D., CANTERBURY, CONN.

I would respectfully call the attention of the medical profession to the following case: December 31, 1878, Jesse Morgan, a youth of 10 winters, fell into a set kettle of boiling water completely destroying the cutis derma of the left leg from the bend of the knee including part of the thigh posteriorly and just below the patella anteriorly to below the ankle, including part of the foot. The father immediately came for me, I being the nearest M. D., but not finding me at home he started for the neighboring doctor, feeling (as he afterwards told me) thankful that I was away, as he would now get an older and more experienced doctor than I. The doctor came, dressed the wound, administered comfort to the suffering boy and took his departure. The next day upon being asked how long it would take for the boy or the leg to get well, he answered: "Three or four weeks." Week after week passed by and still the leg was not well, in fact making very slow progress as such cases must.

Patients and friends are apt to become impatient in tedious cases and in this case, the doctor was discharged and I was called. I found the leg badly flexed, the raw surfaces of leg and thigh growing together. After looking the case over, I made up my mind that if I could succeed in skin grafting I could cure the leg, if I could not then I would give up the case. I therefore commenced first by bringing the granulations to a healthy condition; this I brought about by washing with a solution carbolic acid one

drachm to pint of water, being very particular in the cleansing. I then dressed with cosmoline and carbolic acid, ten grains of acid to two ounces of cosmoline, being very particular to place the roller on firm, to prevent the granulations from becoming flabby and full of water. In a few weeks I thought my granulations healthy enough for grafting. I placed a few grafts around the leg, one half inch from the margin of the sore, both top and bottom; the bottom ones grew while the top ones did not, but I found, as Hamilton states in his surgery, that if the grafts do not grow they stimulate the granulations from the margin of the sore. Patiently I kept at work, and soon I had grafts growing both top and bottom around the leg. I now felt as though I was bound to succeed and succeed I did, for in nine months my leg was cured, and now the boy is running about on his two legs, the lame one being one-half inch shorter than the other, but a raised boot-heel overcomes this deformity.

It may be of interest to some to know how I straightened the leg. I made a box after the pattern of the old fashioned fracture box, with a shaft running underneath, with crank, cogwheel, and spring catch attached. After placing the leg in this I fitted a hard stuffed pad to the knee with cord attached at either side running down and around this shaft which projected from the sides of the box. Every day I would turn it a few notches. This was a most difficult and painful operation. By a constant strain every day and weights to the foot every night, after the manner of extension of the thigh, I accomplished it in five months.

Now what are the disadvantages of being a young M. D.? After placing on my first grafts I invited one old veteran in the service to see the process. He confessed that he knew nothing about it. A few days after he saw the father of the boy and told him that I was only trying to get up something for the medical journals, that I wanted to grow famous, that I was neglecting to straighten the leg and that the boy would be a cripple, &c. "Now Mr. M—— I have never failed to cure the old way, let me have the leg and I will cure and straighten it."

Another. "Don't you know that Ross is only a boy without any experience? He don't know nothing about such a burn."

Another. "This skin grafting is all a humbug, the books say it can be done but Ross can't do it. Send your boy to the hospital," &c., &c. All of this from fathers in the profession and neighbors! But the "boy" persevered, these butts acting as a stimulant.

I do not write this in a boasting spirit. I simply feel that what I have done any doctor (with a little tact and Hamilton's surgery) can do. I simply write this so that if any young M. D. should chance to see it and have a similar case it may encourage him. I would say to him don't back down because older men have never done the like. "Be sure you are right then go ahead." The great secret of success is to hang on.

Selections.

Spontaneous Pulsation of the Retinal Arteries in Basedow's Disease.

BY OTTO BECKER.

[Translated from the Klinische Monalsblátter fúr Augenheilkunde, by A. Thuener, M. D., Assistant Surgeon to the Michigan Free Eye and Ear Infirmary.]

Since my last communication concerning spontaneous pulsation of the arteries, in Basedow's disease, I have given the same closer attention. Of 16,000 patients, whom I have seen at clinic, from the 15th of June, 1873, to the 15th of June, 1879, and of 5,600 patients whom I have seen during the same time at my private office, I was able to observe seven pure and typical cases of Basedow's disease. Only in one case was the spontaneous pulsation of the arteries in the retina, and papilla, absent. In another case, that of 41 year old gentleman, this trouble was easily recognized. The other six patients were women, four of these were married, 27, 31, 37, 42, years of age respectively.

In the case of a lady 31 years of age, with strongly marked exophthalmus of both eyes, and highly developed symptoms of struma, spontaneous pulsation of the retinal arteries, was absent. Of the condition of the heart and large vessels, nothing was noted at the first examination. Since that time she has been treated with the constant current; the exophthalmus and struma have improved. At present she does not suffer from palpitation of the heart, and spontaneous pulsation of the retinal arteries is not observable. Of the two married ladies one had borne two children and the other one. These women, as well as the unmarried ones, showed, besides Basedow's disease, symptoms of well marked hysteria.

On examining for the first time, in 1874, Babetta K., æt. 40, married, I noticed a wavy change not only in the caliber of the retina arteries, but also in the veins. To the seven cases I will add an eighth, which, on account of peculiar interest, I wish to describe more fully. A lady, L. B., married seven years, æt. 28, known to me personally for a long time, is the mother of a healthy robust boy. A second pregnancy did not take place. The birth of her child was followed by dysmenorrhœic symptoms, which finally developed into pronounced hysteria. For about one year those surrounding the patient noticed at times, exophthalmus of the left eye, while the right showed nothing abnormal. When the lady came to consult me in 1877, the exophthalmus was only present in a moderate degree. The left eye as well as the right E. [emmetropic] S. [vision] 6-6. On examining the left eye with the opthalmoscope, spontaneous arterial pulsation extending far into the retina could be seen instantly, while in the right eye this pulsation was wanting. On questioning her I learned that she had at times suffered from violent palpitation of the heart, and on account of a slight enlargement of the thyroid gland she had occasionally taken preparation of iodine. In this case I had no

hesitation in making a diagnosis of Basedow's disease. Concerning the therapeutics of this case there can be but little doubt, because these must correspond to the therapeutics of the general symptoms arising from abnormal condition of the genetalia, (Genitalsphäre). In addition to this the sympathetic was treated with the constant current, on account of the ex-ophthalmus, and, although I myself had no opportunity to examine the patient again, a surprising and lasting result was obtained. In my previous articles upon the changes occurring in the circulation of the retina, I have stated that in some cases, even in otherwise healthy individuals, a movement in the papillæ [optic] and retina, produced by pulsation, could be discovered by the ophthalmoscope. While in some of these cases we can find an explanation in the peculiar arrangement of the vessels, others are undoubtedly due to atony of the coats of the vessels. In chlorotic girls one need not look very long for spontaneous pulsation of the retinal arteries. I have noticed it in about ten cases but am not able to say in what respect these cases differ from other cases of chlorosis in which this condition is wanting, and reserve a fuller explanation for some future time. That such cases as the above are due to local and transient vaso-motor paralysis, I think the following observation will go to prove: A married lady, æt. 48, mother of three nearly grown up children, has suffered since her last confinement, some fifteen months ago, from menstrual disturances and also all possible vague and undiscernable nervous symptoms, consulted me at various times about an indefinable subjective eye trouble. I noticed one day spontaneous pulsation of the retinal arteries, which I had not discovered before. On examining the eyes again some days later, I was astonished to find the arteries of the left eye to remain perfectly quiet, believed I had been deceived. Eight days after the pulsation of the retinal arteries was present again, and this time in both eyes. There is no organic disease of the heart, and the patient does not complain of palpitation of the heart. But her physicians noticed at different times, on various parts of her body, a red or even a bluish-red eruption, which would at times cover the whole half of an extremity, appearing on the arm or forearm, lasting for a few minutes, hours or even days, then disappearing without leaving a trace. This is obviously due to vasomotor disturbances.

From the above it appears to me that, in Basedow's diseases, the spontaneous pulsation of the retinal arteries is due to a paretic condition of the vasomotor nerves; and it also illustrates the well-known fact, that a symptom may appear and disappear, and that spontaneous pulsation of the retinal arteries is not present at all times and in all cases.

226 Antoine street, Detroit.

Sulphide of Calcium in the Treatment of Suppurating Buboes.—Dr. Fessenden N. Otis, in the *N. Y. Medical Journal* for May, inst., mentions the sulphide of calcium as a remedy in suppurating bubo. Referring to the statements made for the remedy by Ringer, he says:

"Opportunity for a practical test of these claims soon occurred, and resulted in my own personal conviction of their entire correctness, and I have now for the last five years habitually prescribed the sulphide of calcium in cases of threatened suppuration in phlegmonous swellings from various causes, and, as a rule, with very gratifying results. The manner of its use was practically the same as advised by Dr. Ringer, viz., 1-12 grain of the sulphide of calcium every two hours, or 1-20 grain every hour during the day and up to the time of retiring. Especially have I found small doses of the sulphide of calcium useful in arresting the progress of furuncular swellings and abscesses, and in preventing their occurrence when threatening. On the other hand, I have repeatedly tested the influence of this drug upon the suppurative processes in mucous membranes, as in gonorrhœa, gleet, leucorrhœa, etc., without being able to discover that it influenced or modified the suppurative process in such cases in the least degree.

Among the cases in my private practice where prompt arrest of suppuration was quickly followed by absorption of pus already formed and resolution of the tumor, and apparently from the use of the sulphide of calcium, were several inguinal buboes associated with chancroid. The simple fact that resolution occurred in these cases was (in accordance with the popular teaching) accepted as proof that the buboes were of sympathetic and not of chancroidal origin.

Authorities have long taught that, once the virus from a chancroid has been carried along a lymphatic vessel and deposited in the adjacent lymphatic gland, inflammation is at once set up in the substance of the gland. This, it is claimed, goes steadily on in spite of all and any treatment until an abscess is formed. This must, sooner or later, through advance of the suppurative agency or by surgical interference, result in an open ulcer, the pus of which will possess the same vicious character as the chancroid from which it was derived. This variety of bubo is known as the virulent or chancroidal bubo. The suppuration of such buboes has been considered inevitable, and all buboes not pursuing this course have been set down as not of true chancroidal but of simple or sympathetic origin. Inflammatory lymphatic enlargements associated with chancroid are very naturally dreaded as most likely to prove by results to be of chancroidal origin, and usually, after a few feeble attempts at treatment with a view to their resolution, glands so affected are encouraged to suppurate, and prompt incision and evacuation of pus are advised as soon as the slightest true fluctuation is recognized. If suppuration is indeed inevitable, undoubtedly it is wise to encourage it, to evacuate the virulent product at the earliest moment, and thus afford access for efficient treatment for the destruction of this new-formed chancroid. For this reason I had been an earnest advocate for early incision into suppurating buboes associated with chancroid. My experience in the few cases above alluded to, however, made

me incline to the belief that a thorough and extended trial of the calcium sulphide in cases of inflammatory buboes associated with chancroid might give such results as to make its use imperative in every such case.

In order to gain further light on this important matter, a systematic use of the calcium sulphide was made, in my service at Charity Hospital, in eighteen consecutive cases of inflammatory bubo occurring with, or as the immediate sequel of, well pronounced chancroid. All the facts considered of importance were noted by myself and under my direction by Dr. Johnson, my house surgeon, and carefully tabulated.

Thus it will be seen (in the table published) that, out of eighteen cases of inflammatory bubo presenting the rational evidences of chancroidal origin, and treated systematically by the use of small doses of the sulphide of calcium, resolution occurred in fifteen, and that in only three cases was incision ultimately required.

If we apply to these cases the usual rule that chancroidal buboes always eventuate in chancroidal abscesses, always suppurate and require evacuation by natural means or surgical procedure, then we must hold that only three out of fifteen cases of inflammatory buboes associated with chancroid were the result of transference of the suppurative process from the chancroid to the adjacent lymphatic gland. It is just possible, however, that the influence of the sulphide of calcium may, in arresting suppuration, extend to the true chancroidal bubo. The apparent successful use of this drug in the series of cases herewith presented at least suggests and invites a trial of its efficacy in all instances of threatened glandular suppuration, whether associated with chancroid or of purely sympathetic origin."

Ostrich and other Pepsins.—At a meeting of the School of Pharmacy Students' Association (London), held Feb. 12, the author read a paper on the above subject, in which he alluded to the attention attracted by the pepsin obtained from the stomach of the South American ostrich, *Rhea americana* and *Rhea Darwinii*. After giving a brief history of these birds the author refers to ingluvin prepared from the gizzard of the chicken, and which has been said to be superior to pepsin as a remedy for feeble, painful and imperfect digestion. Obtaining some of this preparation from the agents, the following experiments were made :

Fresh eggs were kept in boiling water for an hour and then allowed to get quite cold ; after depriving them of their shells the whites were cut into the thinnest possible slices—not minced, as it is easier to observe the progress of the digestion of albumen if it be sliced than if it be minced—and care was taken to reject any portion of yolk. Fifty grains of coagulated albumen thus prepared was placed in each wide-mouthed bottle and covered with five drachms of distilled water containing 1 per cent. of hydrochloric acid, sp. gr. 1.16. The quantity of pepsin was then weighed out and added to the mixture of albumen and dilute hydrochloric acid. The bottles and their contents were then placed in a water-bath and kept a temperature of 98° to 102°F. for four hours, when digestion was regarded as complete.

Kind of pepsin employed.	Weight of pepsin employed.	Results.
Pig pepsin,	½ grain.	Digested.
Ostrich pepsin,	2½ grains.	Not digested.
" "	5 "	" "
" "	10* "	" "
Ingluvin,	2½ "	" "
"	5 "	" "
"	10* "	" "

From the results detailed in the foregoing table, and contained in the bottles shown, it will be seen that the albumen is scarcely acted upon at all, and that both ostrich pepsin and ingluvin are practically destitute of the power of digestion.

We know how dominant ideas exercise a powerful effect on the bodily functions. Dr. Carpenter says, "A strong direction of the inward consciousness to any part, especially if attended with an expectation of something being about to happen, is quite sufficient to change the physical action of a part." If the South American Indians' imagination were similarly appealed to, it might be they would derive the extraordinary benefit attributed to ostrich pepsin after partaking of seven or eight pounds of beef, which on the authority of Dr. Symes, they are in the habit of indulging in.

We have heard of late a great deal about elevating the position of pharmacist and chemists and druggists generally. As a step in this direction, and believing as I do that the examination of new remedies is a duty which we owe to medical men, I would suggest that we pay more attention to the testing of substances purporting to be remedial agents which from time to time find their way into our pharmacies and are prominently brought before the notice of practitioners ; for it is a matter of considerable importance that the accuracy of facts be well sustained before they are given to the profession, many of whom have no facilities for verifying them. If any of you wish to work in this direction, lest you should think, after excluding the above named winged animals, that pepsin can only be obtained from the stomachs of pigs, calves and sheep, I have much pleasure in placing before you other kinds. I am indebted to Mr. Lloyd Bullock for the samples of pepsin shown, which I have found to possess considerable digestive activity, although inferior in this respect to the pepsin of the pig. One of the specimens was unique of its kind, viz. : pepsin from a human stomach, which I need hardly say is not intended for medicinal use.

In the stomach of the river crayfish is found a plentiful supply of a yellowish-brown, feebly acid juice, which possesses an energetic fermenting power and rapidly dissolves fibrin, but the *addition*

*Finding that twenty times as much ostrich pepsin and ingluvin, had so little effect, I did not think it necessary to pursue the experiments further.

of a few drops of a dilute hydrochloric acid solution stops the action. Also, a somewhat similar ferment to pepsin, discovered by Fick and Murisier in the stomachs of frogs, pikes and trout, differs from it (pepsin) in being more active at a low temperature, as at 20°F., while it looses its digestive power at the temperature of the blood (96° to 98°F.)—*Phar. Jour. and Trans.*, Feb. 21, 1880.

THE DANGERS OF HABITUAL HEADACHE, AND OF INTELLECTUAL EXERTION OF THE EXHAUSTED BRAIN.—The following paper, by Dr. Treichler, of Bad Lenk-Bern, was read in the section of Psychiatry and Neurology, at the fifty-second meeting of the German Association of Natural Historians and Physicians, held at Baden-Baden, 1879. Dr. Treichler says:

According to my experience, habitual headache has considerably increased with boys and girls; it destroys much of the happiness and cheerfulness of life, produces anæmia and want of intellectual tone, and, what is worse it reduces many a highly gifted and poetic soul to the level of a discontented drudge. Although it is more difficult to collect precise statistical data on habitual headache than on myopia, yet the result of various investigations at Darmstadt, Paris, and Neuenberg, goes to prove that one-third of the pupils suffer from it. Undoubtedly the principal cause is intellectual over-exertion, entailing work at night, and the insisting by parents on the too earnest taking up of a variety of subjects—music among the rest.

The pathological anatomical changes in the worst cases of this unhealthy condition I consider to be a disturbance created by anæmia in the nutrition of the ganglion cells of the cortex of the cerebrum. It is well known that a badly nourished brain is much more quickly fatigued by intellectual exertion than a brain in normal condition, just as is the case with the muscles.

A second cause of habitual headache is a passive dilatation of the blood vessels of the brain also connected with serious disturbances of nutrition, whereby the perivascular space around the capillary vessels is contracted, and the getting rid of used-up matter greatly impeded. Modern pathology now looks on progressive paralysis, in its earliest stage, as a vasomotor disturbance of nutrition of the cortex of the cerebrum, in which the vessels of the pia-mater get into a palsied condition of dilatation, and we have degeneration of the cortex of the brain produced by stagnation of the current of lymph.

When the ganglionic cells begin to be diseased by senile atrophy, the memories and scientific problems of youth are still clear, and can be reproduced, while the same ganglionic cells can no longer comprehend and work at new, though much simpler scientific problems, and while, with a regard to a thing of yesterday, the memory is uncertain. From this we may draw the following conclusions :—

1. That what the ganglion cells, when in their full health and vigor, have grasped, remains; so that, after the lapse of half a century, and with the beginning of disease, it may still be reproduced.

2. That the ganglion cells, diseased by old age, are, in reference to the accomplishment of work, like greatly exhausted ones, and have lost the power of understanding and abidingly taking in new and difficult ideas. The ganglion cells, therefore, can only take in new ideas, as an intellectual acquisition, so long as they are powerful, are not exhausted, and are nourished with healthy blood. The boundary line is drawn here quite as exactly as is the quantum of nourishment for the stomach of an invalid.

3. That the constant addition of fresh subjects in the teaching programme, making night work necessary for the pupil when the ganglion cells are already exhausted, entirely defeats its object of enriching the intellect, because new ideas cannot be then really grasped, and confusion is produced as to what has been learnt in a day. The great object of the school, therefore—earnest intellectual discipline, and the formation for the desire for continuous cultivation of the mind—is thereby frustrated.

Confusion in the intellectual powers of an overwrought pupil and his final gain, must be the same as that which would occur in a counting-house, where there were only means for the dispatch of 100 letters a day, the daily number requiring attention being from 130 to 150. Confusion in the transaction of business and decreased gains would be the result.

THE FUNGOSITIES OF THE UMBILICUS IN NEWLY-BORN CHILDREN.—M. Ch. Féré has contributed to the Société Anatomique of Paris (*Progrès Méd.*, Dec. 20, 1879) a note on this subject. These growths are far from rare, but yet, from certain points of view, have been little studied. They generally show themselves during the four or five days following the fall of the cord, and rapidly develop. They present themselves under several forms. They are often fine, almost perfectly cylindrical projections, only two or three millimetres in thickness, but possibly attaining the length of a centimetre or more; they then project beyond the level of the abdominal wall, but they are only well seen on unfolding the umbilical depression. This cylindrical appearance has led to the view that they may be formed by a vessel, either a vein or an artery, which has not been divided at the same level as the rest of the cord. Yet more often these tumors look like pimples, sometimes sessile, sometimes pedunculated, more or less regularly rounded, rosy, of a fungous appearance, rarely bleeding; if they are small they are only noticed if one is warned of their presence by prolonged suppuration, and unfolds the umbilicus; sometimes they reach a considerable size, and it has even been possible to compare them to small cherries (Simpson); most commonly they are about the size of a small pea. They seem not to have any tendency to spontaneous cure. Astley Cooper has observed one which he attributed to the remains of the cord in a child 7 years old; although it bled, and was sometimes painful after irritation, it might, he says, be at first mis-

taken for an umbilical hernia. The cylindrical vegetations can be destroyed by cutting them off, or by ligature; the operation does not provoke hæmorrhage, and the tumor is not reproduced. The sessile tumors are easily repressed by cauterizations with nitrate of silver; it is not prudent to destroy them by more energetic measures without the most minute precautions; in one case, after destruction by caustic, fluid ran out, there existed under the fungous cicatrix an entero-umbilical diverticulum which had been opened. The histological structure of these tumors is little known. Kustner has distinguished three varieties: 1, the granuloma of Virchow, which is the most common form; 2, the vascular fungus (myxosarcoma telangiectasique de Virchow), more rare; and, 3, adenoma. This author has also found in some of these tumors smooth muscular fibre, and all the elements of intestinal mucous membrane. M. Féré has examined two specimens. One was of the cylindrical kind, and was cut off with scissors eleven days after birth. Its tissue had all the histological characters of a round-celled sarcoma. It was covered by a layer of epidermis. The other was of a cylindro-conical form, and of the size of a grain of wheat. It was cut off by a ligature put round its base. Histologically it was composed of a sarcomatous tissue more advanced than the preceding one, in parts the tissue was even fibrous; the vessels were smaller than in the first case, a fine layer of epidermis covered its surface. It was histologically a sarcoma with a tendency to the formation of fibrous tissue. It may, therefore, be considered as an example of a neoplastic process which, while presenting all the histological characters of sarcomatous tissue, yet has none of the clinical characters ordinarily associated with such growths.—*Obstetrical Journal of Great Britain*, March 15. 1880.

Origin and Prophylaxis of Sore Nipples.—Professor Kehrer, of Giessen, considers (*Beitrag zur klin. und experimentellen Geburtsh. und Gynäkologie*, Bd. ii. Heft 1) a knowledge of the mechanism of sucking to be necessary to the proper understanding of the mode of production of sore nipples. First, the nipple is seized and drawn into the mouth, without, if the tongue is of normal length, the lower jaw touching the nipple. Second, the nipple again becomes shorter, and is drawn back out of the mouth. The well-known lesions of the nipple (chaps, etc.) result from the squeezing of the nipple between the jaws, its rubbing against the hard gums, and its being wetted with milk and the secretions of the mouth. The author considers, and etiologically differentiates, vesicular excoriations, semicircular lateral ulcers, erosions at the summit of the nipple, fissures; etc. The conditions upon which the origin of such depend are the power, frequency, and duration of sucking, and the physical peculiarities of the nipple. According to most authors, primiparæ are more liable to these affections; and Kehrer does not agree with Winckel, according to whom fissures are found as often in pluriparæ as in primiparæ. He has sifted his data, taken from lying-in women both from town and country, and gives for each the number of children born, the number of children suckled, the frequency of fissures, and of inflammation of the breast. He finds that these breast affections are so frequent that half of all women in some confinement suffer from them. Breast affections, especially chaps, are 20 per cent. more frequent in town than in country patients. They are, of course, more frequent in first lactations; fissures being in these twice as frequent, and mastitis three times as frequent as in others. The greater liability of town patients to sore nipples results from their smaller quantity of milk, badly-developed nipples, thinner skin, greater vulnerability, etc. For prophylaxis the author recommends the improvement of the nutrition of suckling women, to produce more abundant milk, and the drawing out of the nipple during pregnancy, for which purpose the author supplies his midwives with a suitable glass. The early application of an India-rubber shield to the nipple is of especial importance. During 1877, out of 122 suckling women, 22.95 per cent. suffered from sore nipples; while in 1878, out of 103 who suckled from the beginning with nipple shields, only 6.6 suffered in the same way. The shields, however, should not in practice be used for every case from the beginning, but only where there are small flat nipples, irritable skins, etc. The author further recommends the application of compresses soaked in glycerine. He thinks that hardening of the nipple during pregnancy by astringent applications is of doubtful utility as a prophylactic. — *Obstetrical Journal of Great Britain.*

The Treatment of Paralysis Agitans.—M. Hammond applies a continuous current to the spinal cord, great sympathetic, and muscles affected by this disease; at the same time he administers strychnia and phosphorus according to the following formula: Phosphate of zinc 0.15; extract of nux vomica 0.30; conserve of roses q. s. To make thirty pills. A pill to be taken twice a day. This treatment is furthered by a tonic regimen, and the avoidance of all mental or physical excitement. Hammond has had six cases of this nature, of which four were cured within two months. Trousseau had already recommended the use of strychnia alone in this affection. Prof. Charcot had tried various medicines, and amongst others, nitrate of silver, all of which he found to be useless, and he confines himself to the recommendation of continuous currents. The following rules should, according to Dr. Onimus, be attended to, whilst employing continuous currents: The upper part of the spinal cord should be first stimulated with a sufficiently strong current; the negative electrode being placed at the base of the skull, the positive one upon the cervical vertebræ, and superior cervical ganglion. If the paralysis is limited to the upper limbs, the positive electrode should be applied to the brachial plexus for a part of the sitting, the negative pole being left in its original position.—*Le Concours Médical.*

Ulceration of the Neck of the Uterus Cured by Grafting.—Dr. R. W. Amidon reports the case of a patient—a prostitute who had been previously treated for pelvic peritonitis. Examination with the speculum showed that the neck of the uterus was very much enlarged and hard, and around the os was a circular ulcer seven-eighths of an inch in diameter, and longer in the vertical direction; its surface was studded with bright red, healthy granulations. The ulceration was treated in a variety of ways for one and a half months without producing the slightest benefit. Grafting of mucous membrane was then restored to in the following manner:—A small fold of mucous membrane was stripped off from the side of the vaginal wall, and was cut in two. The granulations of the ulcer having been scratched below and to the left of the os, the pieces were imbedded in the granulations by means of an instrument used for tying deep sutures. Another piece of membrane was cut off and embedded in the granulations above the os. The speculum was left in position, and the patient kept on her back for an hour, at the end of which time a large tampon of cotton, moistened with pure glycerine, was placed against the ulcer, and the speculum was withdrawn. Strict quiet in bed was enjoined, and the tampon was removed the next morning. Five days afterwards a pellicle of newly formed mucous membrane was found to have formed from the three grafts. The remainder of the ulcer retained its red granular appearance. Three days later the ulcer was all covered with mucous membrane, except a narrow rim just above the external os. A fresh piece of vaginal mucous membrane was now placed in each external angle of the os and treated in the same manner as previously. When examined a month later the site of the ulcer was entirely covered by new mucous membrane.

Pepsin as a Remedy for Sleeplessness.—H. M. Wilder writes the following to *New Remedies*: I have for more than twenty years, on the average, seldom slept more than two to three hours per night. I mean sleep—not lying still and shutting the eyes. Many nights, particularly if going to bed after midnight, not a wink! It was so regular that, when I woke up, I always was sure it was about 1:30 o'clock, and seldom guessed wrong. Well, I tried everything excepting opium, morphia, and chloroform, which I did not like to begin with. About two months ago I began with laudanum, and not liking the after effects, took hold of morphia. First, one-eighth grain, then one-fourth grain, and, once in a while one-half grain. I cannot say that I slept very much more; but in my waking state, where I formerly used to fret and get out of humor, I now did not care about anything, and thus passed the nights somewhat better. I broke off the morphia some two weeks ago, and now think that I have found the right thing for me—pepsin! You will laugh, of course; but when sleeplessness arises also (besides other causes) from a lazy or filled stomach, a good dose of pepsin (I take at night one-half to one teaspoonful—once in a while two—of saccharated pepsin plus a little muriatic acid lemonade) makes me oblivious for four or five hours at least; and that is what I want, be that sleep or no sleep. Dyspepsia being the American root of all evils, par excellence, I should think might be at the bottom of much of the sleeplessness. At all events, pepsin can do no harm, except to an ulcerated stomach. Pepsin without acid does no good.

Since I mention pepsin, may I ask whether you ever tried dextrin as an adjuvant, or by itself.

United States Postal Law.—We would direct attention to the following selection from the law regulating certain relations obtaining between the publisher of a journal and those who read it. Fortunately we have but few on our list whose especial attention we would ask to this matter. These few are those who have not yet favored us with their remittances for the current volume. We shall be pleased to hear from these gentlemen at their earliest convenience.

1. A postmaster is required to give notice *by letter* (returning a paper does not answer the law) when a subscriber does not take his paper out of the office, and state the reasons for its not being taken. Any neglect to do so makes the postmaster *responsible* to the publishers for payment.

2. Any person who takes a paper from the post-office, whether directed to his name or another, or whether he has subscribed or not, is responsible for the pay.

3. If a person orders his paper discontinued, he must pay all arrearages, or the publisher may continue to send it until payment is made, and collect the whole amount, *whether it be taken from the office or not.* There can be no legal discontinuance until the payment is made.

4. If the subscriber orders his paper to be stopped at a certain time, and the publisher continues to send, the subscriber is bound to pay for it *if he takes it out of the post-office.* The law proceeds upon the ground that a man must pay for what he uses.

5. The courts have decided that refusing to take a newspaper and periodicals from the post-office, or removing and leaving them uncalled for, is *prima facie* evidence of intentional fraud.

On the printed addresses of the News will be found indicated the date up to which the party receiving the number has paid. We would remind the few whose wrappers still

Cirrhosis of the Liver; Ascites; Treated with Milk.—Dr. G. Griswold. in New York *Med. Journal*, reports the following: A widow, æt. 23, had used spirituous liquors to excess for three or four years. Several months before she came under treatment she suffered from indigestion, nausea, vomiting, and occasionally diarrhœa. She was slightly jaundiced. Ascites had commenced and rapidly increased with œdema of the lower extremities and dyspnœa. The spleen was enlarged, the liver dimin-

ished in size. The urine was high-colored, alkaline, and scant—from five ounces upwards per day, amounting under active diuretics to only eleven ounces in the twenty-four hours, as an average. It contained neither albumen nor casts, and its specific gravity was 1.030. The patient was tapped, but the effusion reaccumulated very rapidly. Medicines failing to relieve the ascites, they were entirely suspended. The patient was restrained from eating solid food and encouraged to drink large quantities of milk—three to five quarts daily. The quantity of urine soon increased to from thirty-nine ounces to seventy-four ounces during twenty-four hours. The jaundice disappeared, the dropsy rapidly subsided, and the appetite and general improvement were marked.

Poisoned by the Local Application of Opium. —*Med. Gazette*: A child, æt. 18 months, was scalded on the left arm by the overturning of a bowl of hot tea. Thirty grains, or two grammes of opium mixed with carbolic acid and vaseline, quantity not stated, were ordered by the attending physician. The child soon fell into a sleep from which it seemed impossible to wake it. Other physicians were called in and efforts made to save the child from what appeared opium poisoning, but death occurred on the fourth day.

The physician who ordered the opium mixture is reported to have acknowledged to the coroner that he made a mistake; the prescription read 2.0 grammes instead of 0.2 gramme, as it should. It seems mistakes are impossible by the metric system, though the position of a figure or a decimal point may make considerable difference in the relative quantities of the medicine obtained.

Chloral Eruption.—Dr. A. Maxwell, *American Practitioner*, reports a case of traumatic tetanus in a boy æt. 9 years. Chloral was administered in eight to ten gramme doses every one to four hours. For some time ten grains an hour were required. On the eighteenth day the severity of the symptoms abated and the quantity of chloral given was decreased. The child recovered. On the twenty-third day after the tetanus began, there appeared over the whole body an eruption resembling that of measles, but more elevated and redder, and accompanied by much itching. This rash appeared while the chloral was being administered, and the eruption and itching seemed to increase or decrease according to the amount of chloral given. From this circumstance it was inferred that the medicine induced the eruption.

Bloody Sweat.—Dr. R. G. Hill, *Virginia Med. Monthly*, Jan. 1880, reported to the King William County Medical Association, a case of bloody sweat in a boy æt. 4 years. This boy was suffering from malarial fever, and blood oozed from the face and neck during the sweating stage. Febrifuges and quinine gave relief, but two months later there occurred hæmorrhage from the alimentary canal—vomiting and purging of blood, and death. No autopsy.

Formulary.

Hager's Digestive Pellets (Globuli peptici).—Dr. Herman Hager recommends the following compound as an excellent digestive, to be taken after a hearty meal:

Cinchonidia sulphate	5.0 grm.
Pepsin (not saccharated)	30.0 "
Ginger powd.	3.0 "
Cardamoms, powd.	3.0 "
Pimento, powd.	3.0 "
Gentian root, powd.	6.0 "
Althæa root, powd	6.0 "
Tragacanth, powd.	6.0 "

Mix and add to them a mixture of

Glycerin	10.0 "
Hydrochloric acid.	6.0 "
Water	6.0 "

Make into 300 (to 360) pills or globules, dry them in the open air for about ten hours, and cover them with pill varnish. These pellets are useful either after a hearty meal, or in defective appetite or digestion.

In the former case, according to the degree of "fulness" felt, four to five, or at most six pellets are taken, which, in the course of one hour, will cause the sensation to disappear. In defective appetite one to two pellets may be taken two or three times before the meal in intervals of one hour, and immediately after the meal three to four pellets. Children may take one to two. In gastric disturbances one pellet may be taken every thirty minutes or every hour, best with a little water.—*Pharm. Centralh.*, 1880, 37.

IRON, PHOSPHORIC ACID AND TANNIN.

Dr. G. P. Jones sends to the Canada *Lancet* the following formula, in which he claims that there is no precipitate. Even pure tannin may be employed with this combination of iron and acid without producing an inky mixture:

℞	Tr. ferri muriatis	
	Acid phosphorici dil, ää	ʒ iij
	Tr. digitalis	ʒ ijss
	Syr. simp.	ʒ iv
	Aquæ, q. s. ad	ʒ viij

M. Sig.—A tablespoonful three times a day.

In making these preparations the iron and phosphoric acid must be combined before adding the other ingredients.

FOR SYMPATHETIC NERVOUS COUGH OF PREGNANCY.

℞	Spts. ætheris	ʒ iij
	Tr. chloroformi co.	
	Acidi hydrocyanici	ʒ j
	Liq. morph. sulph.	mxv
	Tr. cardamomi co.	ʒ j
	Aquæ	ʒ viij

M. Sig.—A sixth part every six or eight hours.—*Medical Times.*

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

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Editorial.

Tuberculosis an Infectious Disease.

The doctrine of the infectious nature of tuberculosis is certainly not a new one, although it has received very little support. The weight of testimony has been opposed to the theory of infection and preponderatingly in favor of that which recognizes the disease as due to causes from within. A recent report, however, by Cohnheim, to the Leipsic faculty, will tend to strengthen the position of the few who hold to the former theory, and possibly to convert others to it. An abstract of this report, taken from the *Medizinische Neuigkeiten für praktische Aerzte*, is given by the Cincinnati *Lancet and Clinic*, which regards it as marking an epoch in the history of this disease, a report which in its practical significance far exceeds in value the works of Lænnec and Virchow. In the experiments, Cohnheim was assisted by Solomonsen. They found that if the smallest particle of tuberculous matter be carried through a lineal incision of the cornea into the aqueous chamber of the eye of a rabbit, there appears, after a period of incubation of about six weeks, an eruption upon the iris of minute nodules, which increase to a certain size and then undergo caseous degeneration, to be followed in the course of months by a more or less general tuberculosis of the lungs, peritoneum and various other organs.

Of the greatest significance is the fact that this result occurs regularly, but only when real tuberculous matter has been inoculated. This inoculability may, therefore, be utilized as a diagnostic criterion of tuberculous products, a fact which is so much the more important in that the anatomico-morphological character of tuberculosis does not suffice in all cases to differentiate this affection with certainty from syphilitic products on the one hand, and on the other from other non-specific, but simply chronic irritative conditions. Neither the nodular form, the histological structure, the occurrence of giant cells, caseation, nor all these circumstances together, are absolutely characteristic of tuberculosis. The only absolutely perfect and certain criterion is the capacity for infection.

And taking this criterion as a standard, caseous pneumonia, the so-called caseation of lymph glands, as well as the fungous joint inflammations in most cases, must be included as tuberculous, while simple elements, like lupus tissues, not being inoculable are not tuberculous.

As carriers of the infection of tuberculosis parasitic specific organisms are assumed, though it is true that we are not as yet able to demonstrate them with certainty.

The tuberculous virus reaches the body in the great majority of cases through the inspired air. Thus arises first tuberculosis of the lungs, which may then develop tuberculosis of the pleura, of the bronchial glands and of the great air passages. In some rare cases, the tuberculosis may originate in the larynx. Later the virus is carried by the sputa into the alimentary canal. Thence develops the so frequent classic picture of pulmonary-intestinal tuberculosis.

On the other hand, the virus may first enter the digestive canal, an occurrence observed most frequently in children, and dependent upon the ingestion of milk from tuberculous cows, that is, of cows suffering from the fecal disease. Thus arises the phthisis meseräica. It is probable, also, that the so-called tuberculous inflammations of the mouth and pharynx, as well as the caseous swellings of the cervical lymph glands, arise in this way.

To account for the rapidity and universality of the dissemination of tuberculous products in the cases of acute generalised tuberculosis, a profuse inundation of the juicy organs with tuberculous virus must be invoked. This explanation is rendered probable by the anatomical findings of tuberculosis of the thoracic duct and of the pulmonary veins in such cases.

On the other hand there are many cases, as is well known, of purely localized tuberculosis, in which the disease is found limited to a definite locality. But there is no essential difference in these cases. For the local limitation of the process is either explicable by the short duration of the disease (as in the local tuberculosis of the aged), or, where it has existed long, it is still in process of extension, though the process is slow. But it is perfectly certain that tuberculosis may result in perfect recovery. That the so-called local tuberculosis represents nothing essentially different is proven above all things by the fact that its products are just as inoculable as are those of general tuberculosis. The relation between local and general tuberculosis is very much like that between chancre and constitutional syphilis. A chancre, whether soft or hard, may induce a general infection of the body; *may* do it, but not must do it. Even so is it with local tuberculosis.

For the rest, individual predispositions come into play. In the experimental induction of tuberculosis differences manifest themselves with regard to the extension of the process and the manner of the extension.

But so far as regards the phthisical habit, it has nothing to do with the susceptibility to tuberculosis. It is a product of tuberculosis. Such individuals are already tuberculous, and are tuberculous mostly by heredity. Tuberculous virus can pass into the

products of generation, into the semen and ovum. The disease is thus present in the new-born child, but may break out only after a lateral stage of many years, just like hereditary syphilis, in which, however, the latest stage is usually shorter. But during this latest stage, the virus present in the body so affects the development of the body as to give rise to phthisical habits.

So, in tuberculosis, everything depends upon the virus. Such a thing as a predisposition to tuberculosis is false. The closest analogies between tuberculosis and syphilis are discovered at all points. Both require, above all things, infection, transmissibility of the disease from person to person.

In a paper recently read before the Paris Academy of Sciences, M. Toussaint, from a series of experiments, gave as his conclusions that tuberculosis is transmitted with the greatest facility (1) by ingestion of tuberculous matters; (2) by heredity or lactation; (3) by inoculation with tubercular matter or blood, and (4) by simple cohabitation.

Painless Cure of Internal Hæmorrhoids.

The rectum is one of the fields which irregular physicians, that is, we suppose, those who subordinate the professional part of medicine to its business, or pecuniary interests, have cultivated with much profit. And not only have they done so with profit, but it is a fact that they have made advances in the methods of treatment of the diseases of that region. It has been customary for the regular profession to disregard anything which does not come to it through approved channels, and the consequence has been that many valuable surgical procedures, as well as drugs, have been employed by irregulars, so-called, long before they were sanctioned by regulars, so-called. It is a mistake to assume that because a man may not conform to certain rules for the government of his dealings with others, he is unqualified for the practice of medicine. It is true that those who refuse to be governed by these rules are very generally such as find it impossible under them to compete with the educated men who, as a rule, do conform to them.

In the treatment of hæmorrhoids, as we have remarked, irregulars have devised some valuable procedures—procedures the success of which has stimulated some of our prominent surgeons to look into them. The investigations of Prof. Edmund Andrews, of Chicago, into the employment of carbolic acid and the results of these investigations are familiar to our readers through communications of Dr. Andrews to these columns. Dr. Reuben A. Vance, of Cincinnati, in the *Medical and Surgical Reporter*, of 8th inst., calls attention to a painless and effective treatment of internal hæmorrhoids, which he is "led to believe is the method employed by certain irregular practitioners who have great reputations in rectum surgery; that they pass a seton in those cases of internal hæmorrhoids that they undertake to cure 'without pain or detention from business,' and, of course, 'without caustic or the knife.'" This method is based on the fact that certain portions of the hæmorrhoidal tumor are comparatively painless, and through which a seton may be passed with little suffering. It is applicable to such tumors as are not inflamed, inflammation increasing the sensitiveness to such a degree as to render the method impracticable. The tumors are completely extruded by enemata of water, as hot as can be conveniently borne, when a careful study of the sensibility of the tumor should be made. As a general rule the most sensitive part is a narrow band just at the base, where the lining membrane of the rectum is reflected on the hæmorrhoid. This band may, at times, be very narrow, not exceeding a tenth of an inch in breadth. Tracing the sensibility of the tumor itself from the band encircling it, towards the summit, it will be found that there is a rapid loss of all perception of painful impressions until at the apex a needle can be passed with but very little pain. In certain cases the anæsthesia at the summit is complete, and in no case is the covering of the tumor as sensitive as is the normal lining of the rectum. The least painful spot having been discovered, a seton is passed through it, care being taken not to go too deep, or to bring the needle out too far from where it entered. By neglecting this care, not only will pain be caused but contraction of the rectum will result, causing a return of the tumor. As soon as the needle is passed tie the ligature into a loop about six inches long; this loop will enable the the surgeon to control the movements of the whole mass of tumors. Next, pass a ligature through each of the other tumors, making the threads double, and tying them so that there is not more than an inch of loop in all. Finally, draw down the upper tumor, by means of the double thread through it, and tie a knot in the latter, so close to the tumor that all the setons may be alike in length; then cut off the superfluous thread and return the tumors within the anus. This done, the patient should be instructed to keep his bowels freely open, daily, but above all, to at once assume the recumbent posture should any pain develop in the parts. Cases vary widely in the disposition of the seton; in some this comes away within a fortnight, leaving an ulcer that continues open until the hæmorrhoidal tumor disappears; in others it remains until the tumor and all the pathological products have been absorbed, and then drops out. If the seton sloughs out and the opening heals with some of the tumor still remaining, a new seton is to be passed, just as if none had ever been introduced.

Dr. Vance speaks highly of the method, from his experience in its trial. It takes from five to nine weeks to cure an average case.

Railroads and Physicians.

Corporations are reputed to be destitute of souls. We do not wish to argue this question, but merely to call attention to certain conduct on the part of certain railroad corporations whose roads center in this city, which might be construed into a support of the proposition. The dictates of humanity lead

individuals to care for those who suffer injury in their service. The employer whose employé, in the discharge of his duty, meets with an accident, would be voted a soulless individual, and probably something more, did he not make proper provision for the care and treatment of the sufferer. The probabilities are strong that he would feel, in some more or less tangible form, the indignation not only of his employés but of the community, an indignation which few would care to brook. But what is regarded as dishonorable in an individual seems to be practised by a railway corporation with impunity.

The following order is in force on the Lake Shore and Michigan Southern Railway :

To Officers and Employes.—Notice is hereby given of a change in the policy of this company towards employés who may be injured in the service.

Hereafter the provision of surgical aid, nursing, hospital assistance or other need for injured men must be made by employés themselves. And this company will not assume any responsibility of any kind in respect to the expenses which may occur from any accident which may happen.

No allowances for lost time on account of injuries will be made, except in special instances, after approval from the general office.

Every employé now in, or who may be hereafter employed in the service of this company, can only continue in, or enter into the service of the company with the understanding that he assent to and will adhere to this rule.

Signed, Charles Paine,
C. H. Clark, Gen'l. Sup't.
Chief Engineer.

The Grand Trunk Railway of Canada while it doest not seek thus to absolve itself from the responsibility which humanity imposes, undertakes to lay a portion of the expense of the care of its injured employés on the physicians on the line of their road by prescribing "a schedule of charges, prepared by a member of the profession in Montreal." Aside from the direct affront which the road gives to the profession in dictating to it what it shall charge for its services, its "schedule" is an object of curiosity as showing the estimate which "the member of the profession in Montreal" places on the value of professional services. For instance:

Dressing hand or foot for the first time in the ordinary injuries met with in coupling cars during the day	$ 1 00
Ditto during the night	2 00
Subsequent dressing	50

For amputations, fractures and dislocations, *including after treatment:—*

Amputation of fingers	$ 5 00
" forearm	25 00
" arm	30 00
" leg	30 00
" thigh	50 00
" Hey's	20 00
" Chopart's	30 00
" Syme's	30 00
Fracture of forearm	15 00
" arm	20 00
" leg	30 00
" thigh	40 00
" clavicle	8 00
Dislocation of elbow	8 00
" shoulder	8 00
" ankle	8 00
" knee	10 00
" thigh	20 00

But the G. T. R. and "the member of the profession in Montreal" are thrown into the shade by the Railway Men's Hospital Association of Toledo, an association supposed to be a scheme of the railroad corporations with roads at that point, to secure cheap doctoring. This Association prescribes a schedule of prices, from which we select the following:

Amputation of finger	$ 2 00
" two or more fingers	3 00
" hand below wrist	4 00
" arm	5 00
" leg	5 00
" at shoulder joint	7 00
" hip joint	10 00
Fracture of forearm	4 00
" arm	5 00
" leg	4 00
" thigh	5 00
Dislocation of hip, shoulder, elbow or knee.	5 00

These "schedules" require no comment. The dictation of prices as well as the amount of the fees laid down, are an insult to an honorable profession which it should not be tardy in resenting. Medical men have more than their share of charity work to do, and they do it without grudging in worthy cases, but we mistake their temper very much if they will submit to be restricted to such beggarly fees from wealthy corporations. They owe it to their profession to refuse to contract on any such terms, and we do not believe the law would acknowledge the right of these corporations to set an estimate on the value of the services performed.

Criminal Abortion.

The prevalence of this crime is utterly appalling, but it seems as if its very prevalence has so familiarized society with it as to have led to a practical disregard for it. So familiar, indeed, has society been made with it, that open advocates of the practice may be found, and that men who are known to regularly engage in it—whose hands are, in fact, literally red with the blood of innocents—are not only tolerated, but are, in not a few instances, received into respectable circles. There are those who hold that conscience is a mere conventionalism, a thing which is regulated by the age and circumstances in which the individual lives. Is it possible that the deep-welling abhorrence for the crime of murder —an abhorrence which is generally supposed to be innate and a part of man's very nature—is a mere

conventionalism, and that we are in a transition state, which will eventually soon regard fœticide and other forms of murder under certain conditions as not only not criminal but positively conducive to the interests of society, which interests some are disposed to regard as the higher law ? It is only when the crime of fœticide is attended with some abhorrent surroundings that it strikes the public mind as a thing which should be checked by the strong hand of the law.

An occurrence of this kind has recently taken place in this city. On the 7th day of April, a farmer, in crossing the bridge over the river Rouge, four miles below the city, detected a woman's cloak hanging on a nail driven into one of the abuttments of the bridge. An examination of the cloak revealed blood and a few masses of hair, which led to the suspicion that a foul deed had been committed. The officers of the law being notified, search was made, and after two days the body of a woman was found at the bottom of the stream, a short distance below the bridge. A *post-mortem* examination revealed the fact that the victim had been thrown into the water after death as the result of an abortion. The body being removed to an undertaker's establishment, was, after a few days, recognized as that of a girl who had come to the city from Bay City, in this State. For a time the perpetrator of thedouble murder and the parties who had taken this means of disposing of the corpse were unknown, and the clue to their discovery very slight. This clue being followed up, however, has resulted in the arrest of one of our physicians and that of the man who is supposed to have thrown the body into the stream. The case is one of unusual interest from the zeal with which the officers of the law have prosecuted their search.

Our city has, within the past few years, been disgraced by occurrences of this nature and by the manner in which the undoubted criminals have succeeded in evading the punishment which the law provides in such cases. It has, in fact, come to be regarded as an impossibility to convict an abortionist. The slightest circumstance has been utilized to the creation of doubts, of which the prisoner has received the benefit, and which have resulted in his acquittal. There are few physicians who are not frequently in possession of evidence of the commission of fœticide by men who are reputed to be given to the practice. Doubtless this evidence would be more frequently put in possession of the authorities but for the probabilities that loop-holes would be created through which the criminal would escape.

The conviction of an abortionist and the meting out to him of the full punishment provided by the law would have a salutary effect upon the class of men who habitually practice the crime. This influence would be exerted largely in the encouragement it would give to regular physicians in communicating facts to the proper authorities. We hope the case in hand will be tried on its merits, and that none of the unscientific testimony from medical men (experts?) which has, heretofore, been instrumental in opening the way of escape for the accused, will have any such influence in the present instance.

Bromide of Ethyl.

This new anæsthetic is continuing to receive a great deal of attention, and the indications are that it may yet be relieved of the suspicion cast on it by the death, in one case, and alarming symptoms in others, which have been reported as having followed its employment. There is only one way of reconciling the long run of successes in the hands of Dr. Levis with the decidedly dangerous symptoms developed in the hands of the majority of those who have reported the results of their trials of it more recently, and that is on the supposition that the preparation employed by Dr. Levis was pure, while that employed by the others was adulterated with deleterious ingredients. That impure preparations have been put on the market admits of no doubt, and to hold bromide of ethyl responsible for these is scarcely just, but it is eminently proper to enquire whether the impurities are capable of giving rise to the symptoms reported. An analysis of several preparations by Prof. Jungk, or the Michigan College of Medicine, of this city, reveals the presence of these impurities, and the experiments he reports in the *Therapeutic Gazette* forces one to the conclusion that they are capable of the disturbances recently noted in use of the bromide of ethyl. Whether they are the sole cause of these disturbances remains yet to be determined.

In the discussion following the report of the fatal case by Dr. Sims to the New York Medical Society, Dr. Squibb undertook to account for the poisonous effects of bromide of ethyl by assuming it to be a loosely molecular article, easily decomposed, that thus its administration is prone to be followed by an impregnation of the system with bromine, and that if it remained as bromide of ethyl in the system it might not be harmful. This theory has been shown to be based on insufficient grounds. In the first place, as Prof. Jungk has shown, bromide is not " a loosely molecular article," that in fact it is a very stable salt (for a salt it really is), and very difficult of decomposition, much more difficult than chloroform. In the second place, the assumption that anæsthesia is due to a breaking up of the anæsthetic into its elements is nothing more than a hypothesis, and one, too, which has little or nothing to support it. The fact that it is one of the characteristics of bromide of ethyl that it is perfectly unirritating to the bronchi goes to show that it is not decomposed; if it were, the bromine in its composition, one of the most irritant of substances, would certainly manifest itself in its effects on the air passages.

As the matter now stands, it is evident that it was an impure preparation of bromide of ethyl which produced the unfavorable results in each case thus far reported. This fact is very unfortunate—unfortunate not only because of the results thus far, but because of the suspicion it casts on the manufacturers. Manufacturing pharmacists have of late been

severely criticized in some quarters, and if it shall appear that they have, either through ignorance, carelessness or design, placed a deadly preparation of an innocuous article in the hands of the profession, the shaken confidence must be still further impaired. We await developments with much interest.

Chloral Hydrate with Alkalies.

At a recent meeting of the St. Louis Medical Society, Dr. Newman reported his experience with a prescription containing chloral, bromide of potassium, syrup of rhubarb, and a little magnesia. The mixture given to a child in the morning was taken without difficulty; in the evening it almost suffocated the child from the chloroform it contained. The inference from the remarks by Dr. Newman on the case, is that chloral and the bromide of potassium should not be given together because of the proneness of the latter alkaline (?) salt to decompose the chloral. This inference is, however, by no means allowable. In the prescription referred to, provided the potassic bromide was a pure preparation, the decomposition must have been brought about by the magnesia, and if the case teaches anything, it is that magnesia should not be given with chloral. Chloral is decomposed by alkalies, but the bromide of potassium is a neutral salt, and does not produce the change noted in the prescription. It has been our practice for years to prescribe chloral and the bromide of potassium in combination, and have never observed any such decomposition, but this we attribute to our care in the selection of the ingredients. Commercial bromide of potassium is not usually a chemically pure salt, and has not the proper neutral reaction. It contains a proportion of carbonate of potassium which gives it an alkaline reaction, and it is possible that some samples may contain sufficient of the alkali to affect the chloral. In prescribing this combination, therefore, it is advisable to completely neutralize the potassic salt before adding the chloral. This precaution may not always be necessary, but to avoid decomposition, it will be best to always observe it because of the impurity referred to.

Miscellany.

Michigan State Medical Society.—The fifteenth annual meeting of the Michigan State Medical Society convened at Grand Rapids on the morning of the 12th inst., sixty-three members responding to their names at roll call. This number was increased to nearly one hundred later in the session.

The Rev. J. Morgan Smith conducted the devotional exercises of the opening, and Dr. J. Orton Edie, in a neat little speech, welcomed the society to the city of Grand Rapids, and to its hospitalities.

Dr. S. J. Jones, of Chicago, being present, was invited to a seat on the platform.

A communication was received from the State Women's Christian Temperance Union, asking for an official opinion from the society on the question of the influence of alcohol on the human system, and for an expression on the temperance question. Referred to a committee of five, with instructions to report at the next annual meeting.

Dr. E. L. Shurly, of Detroit, read a paper on "Inhalations in Pulmonary Affections."

Dr. J. J. Mulheron, of Detroit, presented a paper on "Lead Poisoning vs. Rheumatism," which, in the absence of the author, was read by Dr. Wm. Brodie.

Dr. H. O. Walker, of Detroit, read a paper on "Different Improved Methods for Removing Stone from the Bladder;" also a brief one on an improved "Urethrotome," which he had devised.

The president, Dr. G. K. Johnson, of Grand Rapids, in the afternoon, and after the secretary's and treasurer's reports had been read, gave his address. After the usual introductory and gratulatory remarks, he proceeded to the consideration of "Heat, or Thermic Force," this being the subject of the address proper. He gave a historical review of the theories of heat from the days when the "heathen in his blindness" regarded it, or rather the source of it, the sun, as a god, and worshipped it as such, down to the time of Tyndall and the doctrine of the "Conservation of Forces."

Within the last few years, he said, a new thermology has grown up, the fundamental axiom of which is the immateriality of heat—differing in this from all previous theories, which regarded heat as simply attenuated matter. The new doctrine declares it to be force—a great, all-pervading, all-powerful natural force. Further, it holds that heat, or thermic force, consists in the motion or agitation of the molecules of matter; or, as Tyndall tersely puts it, that "heat is motion"—not a visible motion of masses of matter, but molecular motion of the atoms which compose matter.

The establishment of the above dynamic doctrine, although of recent date, had already revolutionized science, and was destined to bear a leading part in future discoveries!

The address was attentively listened to throughout, and at its close its author was tendered a vote of thanks.

The following papers were then read and discussed: "Ophthalmia Neonatorum," by Dr. Eugene Smith, of Detroit. "Uræmia," by Dr. A. F. Kinne, of Ypsilanti. "Duboisia," by Dr. C. J. Lundy, of Detroit. "Report on Surgery," by Dr. J. P. Stoddard, of Albion, chairman of the committee. "Actual Cautery," by Dr. De Camp, of Grand Rapids.

Adjourned.

In the evening two very enjoyable receptions were given, by Dr. and Mrs. G. K. Johnson and Mr. and Mrs. F. B. Gilbert, respectively.

May 13th, 1880.

The proceedings were opened by the calling of the roll, after which Dr. Theodore A. McGraw, of Detroit, read a paper on Surgery.

The secretary, Dr. Ranney, read a paper by Dr. Hitchcock, of Kalamazoo, being a report of the State

Board of Health to the State Medical Society. The Board urged upon the various health officers of the State the necessity of complying more closely with the law in regard to furnishing statistics of diseases dangerous to public health. The following resolutions were presented from the Board for the consideration of the Association:

Resolved, That in the opinion of the members of this society, the laws of the State requiring physicians to report to the local board of health, or to the health officer of their locality, all cases of sickness and death, of diseases contagious or dangerous to the public health, are wise and proper, and ought to be complied with.

Resolved, That the law requiring health officers and clerks of local boards of health to make yearly reports to the State Board of Health, on blanks furnished them by the Board, is just and reasonable, and necessary to the most efficient work of the State Board; and that no physician should accept the office of health officer who does not intend to comply with the law.

A motion to adopt the first resolution brought on quite a spirited debate, the opposition being led by Dr. Brodie, of Detroit, who claimed that the State had no right to either ask or compel the physicians of the State to perform any such services without remuneration. Drs. Jerome, of East Saginaw, and Hitchcock, of Kalamazoo, urged the adoption of the resolution on the grounds that all physicians should be willing to perform the work for the benefit of humanity. The resolution was finally adopted. The second resolution was adopted unanimously, and the report of the committee was ordered published.

The following resolutions were referred to the judicial council, by request of Dr. Shaw, of Otsego, who presented them:

Resolved, That the committee on judiciary try to frame for the consideration of this Society, some rule of procedure or by-law that will guard this Society against the admission to our membership of men who have never graduated at a medical school or attended a medical school, until they shall have undergone an examination as to professional acquirements by the board of censors of this Society and received a favorable recommendation by the board that they may be admitted to membership.

The following preamble and resolution, offered by Dr. E. P. Christian, of Wyandotte, were adopted:

Whereas, The State Medical Society of Michigan views with gratification the evidences that its labors for a more elevated standard of medical education have not been without reward, in the fact that all the medical schools of this State have made a preliminary examination and a three-term graded course a requisite for graduation; therefore

Resolved, That we, the members of the State Medical Society, pledge ourselves, individually and collectively, to support only such schools as require for admission a thorough preliminary examination, and for graduation at least a three-term graded course of lectures in three years of study; and that we will use our influence to prevent students from attending any college with an inferior standard of preparation and graduation.

Dr. J. R. Thomas, of Bay City, was elected president for the ensuing year. The following were reported by the committee on nominations for the respective offices indicated, and the report being unanimously adopted they were confirmed:

First Vice President—Dr. E. P. Christian, of Wyandotte.

Second Vice President—J. W. Hagadorn, of Lansing.

Third Vice President—C. J. Lundy, of Detroit.

Fourth Vice President—J. H. Bennett, of Coldwater.

Recording Secretary—G. E. Ranney, of Lansing.

Treasurer—G. M. Topping, of Dewitt.

Delegates to the American Medical Association: Drs. Brodie, Detroit; J. H. Jerome, Saginaw; Foster Pratt, Kalamazoo; J. A. Brown, Detroit; H. O. Hitchcock, Kalamazoo; G. K. Johnson, Grand Rapids; E. S. Dunster, Ann Arbor; E. L. Shurly, Detroit; J. Miller, Mount Pleasant; H. B. Barnes, Ionia; L. W. Bliss, Saginaw City; W. L. Dickinson, East Saginaw; A. F. Kinne, Ypsilanti; J. B. Book, Detroit; S. G. Banks, Detroit; E. Smith, Detroit; T. J. Langlois, Wyandotte; T. A. McGraw, Detroit; D. Maclean, Ann Arbor; W. J. Hench, Brighton; A. W. Riker, Fenton; J. W. Robertson, Detroit; J. R. Thomas, Bay City; Wm. Brownell, Utica; L. W. Fasquelle, St. Johns; E. S. Snow, Dearborn; D. W. C. Wade, Holly.

Dr. Tupper, of Bay City, having invited the Society to hold its next meeting at that place, the invitation was accepted.

Drs. Foster Pratt, H. B. Shank and E. S. Snow, retiring members of the Judiciary Council, were elected as their own successors.

Dr. D. Maclean, of Ann Arbor, read a paper on "Clinical Observations and Practical Deductions," and Dr. C. C. Yemans, of Detroit, one on "Herpes."

Several other papers, owing to lack of time, were read by title and referred to the committee on publication.

The Society adjourned to meet at Bay City on the second Wednesday of June, 1881.

What Candies Contain.—*Medical and Surgical Reporter:* A correspondent sends us the following abstract from of the New York dailies: Dr. Williams, of Chicago, who has found more and worse things in common articles of food than would easily be believed, has been looking for glucose in candy, with results which must strike dismay to the stomachs of candy eaters. One sample of molasses candy was *all* glucose, some caramels had eighty per cent., and cream candy with twelve per cent. glucose, was nearest pure.

Now, glucose may be both palatable and wholesome, and as legitimate an article of manufacture and sale as any sweet that ever came from Cuba or Louisiana. Unfortunately, that is not the kind of glucose made in this country. Dr. Kedzie, president of the Michigan Board of Health, and Professor

of Chemistry in the Michigan State College, found glucose in syrup bought at random, and in the glucose were, among other things, lime, sulphate of iron and copperas. Prof. Mariner found glucose to contain lead and free sulphuric acid, or oil of vitroil. Dr. Williams endorses the statements from his own analyses, and adds that a different result can scarcely be hoped for so long as the process of manufacture continues to be to boil corn starch with oil of vitriol, and mix it with lime. These are facts which it very much concerns people to know, and which are more than sufficient basis for legislation. People should be protected against the possibility of even willfully putting such unwholesome stuff in their stomach, even if it is cheap and pleasant to the eye and tongue. What seems to be needed is some such law as was passed in the case of oleomargerine —that is to say, sellers should be compelled to state distinctly whether they sell glucose or sugar, so that buyers may make an intelligent choice, and may not unaware get one when asking for the other. Unless something of that sort is done, the sugar refiners must make glucose to protect themselves against ruinous competition. Indeed, there are indications that a movement of that kind has already begun, for the Detroit papers give the details of the establishment of a "sugar" factory, by men of names prominent among the sugar refiners of this city, which is to begin with the consumption of 3,000 bushels of corn daily, making forty-five tons of glucose in the same time. And a Chicago factory is being planned, with a daily capacity of 20,000 bushels.

A Poet's Idea of Gestation.—The *Louisville Medical News* gives the following as Mr. Tennyson's greeting to his baby. It is entitled "*De Profundis*," and is published in the *Nineteenth Century* for May :

Out of the deep, my child, out of the deep,
Where all that was to be in all that was
Whirled for a million æons thro' the vast
Waste, dawn of multitudinous eddying light.
Out of the deep, my child, out of the deep.
Thro' all this changing world of changeless law,
And every phase of everheightening life,
And nine long months of ante-natal gloom,
With this last moon this crescent her dark orb
Touched with earth's light, thou comest, darling boy.

The poet laureate, we think, gives us of late a considerable amount of chaff with his wheat. Besides that his chaff is too realistic by half. *De Profundis* involuntarily suggests the long forceps, and the period of gestation which is mentioned is shockingly exact. Possibly, if he "comes again," we may expect :—

. . . For twice
A hundred and with five-and-seventy times
Did break the nauseant morn to thee unseen,
Thou who didst contribute to the form rotund.

We declare that to doctors only belongs such stuff, and the poets must stick to their sunbeams and angels and cabbage-patches and rose-bushes and daisy-beds, and such like fancies and factors for the production of the race.

Another Danger of Kissing.—We have pointed out the accidents which have occurred from kissing as they have been reported. It will be remembered that a disgusting constitutional disease has not infrequently been communicated through this primitive salutation and method of expressing one of the most beautiful sentiments of the human breast. The late wife of the Crown Prince of Germany contracted diphtheria, from which she died, through a kiss. And now attention is directed to another accident which is liable to happen from the practice. Dr. Roosa reports, in the *Archives of Otology*, a case of deafness in a lady whose husband came up behind her as she sat reading and kissed her suddenly on the right ear, taking her completely by surprise. She suffered a great shock and had a roaring in the ear for some time. The incident made her very nervous, and she was detected by her friends to be growing deaf on the right side. The symptoms pointed to the labyrinth as the seat of trouble, the drumheads being both alike, and the naso-pharyngeal space and the mouths of the Eustachian tubes being normal. The deafness progressed until it became nearly complete.

The conclusion from these untoward results is that if kissing must be indulged in (and it seems to be unavoidable sometimes) let it be done deliberately and on a properly selected subject.

. Clergymen in the Sick-room.—*Chicago Medical Gazette:*—Doctors and clergymen sometimes come into collision. When this happens, it is either because of the bearishness of the physician, or the stupidity of the clergyman, or both. By the very necessities of his profession the physician must have authority in the sick-room. That he does not have it, is often the occasion of discomfort and disaster. The minister, too, from the very nature of his calling and by the common consent of society, has a place in the sick-room. It is not, however, one of authority; and if he would serve his cause to the best advantage he should see to it that he makes no claim which shall interfere with what the doctor considers the patient's safety. Few people pass through severe sickness, fewer still approach the hour of death, without wishing to see and hear the voice of some minister of the gospel. This fact does not argue, however, that the clergyman may be admitted to the bedside at all hours of the day and night, or even at all times when the patient desires. The minister, moreover, should remember that death-bed repentance is uncertain, and that it is poor policy to run the risk of killing a person by unguarded zeal for his everlasting peace. We have known instances in which the earnestness of the pastor at such an extreme hour was in great contrast with his common indifference when the bloom of health and clearness

of mind were the possession of the one for whom he is now greatly concerned. We would venture to suggest that the minister leave as little as possible of argument and appeal for the feverish hours of sickness and dying. On the other hand, we have no sympathy in the harshness and heartlessness of which some physicians are guilty in their relations with ministers. They refuse to recognize existing facts, and thus go counter to the sensibilities of formal as well as genuine christian people. The necessary concessions are not all on one side, and if the physician does withhold the natural courtesies due to the sick and their spiritual advisers, he can find no fault if his wishes are disregarded and his authority circumvented.

"Cramming."—A series of letters has recently appeared in the *Times* newspaper on the subject of the school tasks of children, and from them it may be gathered both that an undue amount of work is exacted from pupils, and that the effects of this on their bodily health is of a kind to undermine and weaken the constitution. The blame of this is laid not so much to the charge of the teacher as the parents of the children, who, Mrs. Garrett-Anderson contends, ought to see that no greater strain is put on the powers of their offspring than they can easily support. We have often had occasion to remonstrate with mothers on the overwhelming amount of lesson work their daughters particularly are called on to "get up." With boys the case is not quite so serious. They are not only better able to do a considerable amount of work, but they also do not receive such unconscionable commands as are uttered to the pupils of "ladies' seminaries" usually. In a well-appointed school of this kind a multiplicity of teachers is engaged, and each of these expects the girls of the school to do the work given out; and apparently this is alloted without reference to the fact that a number of other subjects are at the same time being studdied. There are very few growing girls who can safely be converted into the sort of forced article that is presented for the examinations to which, under the "higher cultivation" system, it is expected they shall proceed. This is, however, overlooked, or purposly ignored in the arrangements made by school directors, and the result is that many families have among their number girls of delicate health and reduced strength, victims of a vicious system of intellectual cramming, that cannot be too severely condemned.

Imperforate Anus.—Dear Sir: In your issue of April 26th I noticed a very excellent and modest report of a successful case of operation for imperforate anus. Aside from the "characteristic modesty which adorns the report" of Dr. King, the success attending the operation is worthy of mention. The report calls to my mind the history of an unsuccessful operation which I did, and I offer a resume of it here because the circumstances attending were of a somewhat extraordinary nature.

In my case the bowel was not found by the usual incision but, the child having passed meconium from the penis, a puncture, (made by way of the incision) with a large trochar, was done into the bladder. The wound was kept open with sea-tangle. Fecal discharges occurred through the opening in the bladder as did also urinary discharges during the succeeding four days when, the child died, apparently from other causes than those which might have grown, but did not, out of the operation.

The autopsy revealed the rectum entering (opening into) the bladder imediately below the left ureter.

Respectfully,

Edward Von Denhoff.

Louisville, Kentucky, May 5, 1880.

CHLORAL IN TWO LIGHTS—THE BLUE AND TRUE.

Chloral! of blue-blood the bluest,
  Alcohol and Chlorine's daughter,
Youth and beauty that renewest.
  Night's long watches making shorter.
Blithely raise a pæan choral
Round thy fount of blessings, Chloral!

Toss no more in vigils lengthy,
  Sigh no more for daylight's peeping;
Sweet and soft falls thy nepenthe,
  In its calm worn spirits steeping.
Truly "*Amor vincit omnia*,"
Chloral's love can cure *Insomnia!*

(P. T. O.)

Chloral! spawn of depths abysmal,
  Spring of restlessness and raving,
Fancies sick and visions dismal—
  Source of still insatiate craving.
When the once-blest light auroral
Breaks thy feverish spell, O Chloral,

Comes Reaction's Nemesis,
  And the soul in Tophet sinking,
Wooes again thy fatal kiss—
  Wooes, and ends in endless drinking,
Till to the unplumbed absym
Sink thy victims, Chloralism!

—(*Punch.*)

Home Cultivation of Quinine.—*Medical Record:* Mr. Willis Weaver, of Bogota, South America, has written a letter to the Agricultural Department, advocating the cultivation of the cinchona tree in this country. He says that the coasts of northern California and of Oregon would fulfill the conditions as to moisture; the slopes of the mountains would probably furnish hilly ground very similar to that occupied in its native habitat. The temperature is also nearly the same. The cost of a plantation of a hundred acres would be from $1,000 to $1,500 per acre, and some Indian plantations yield $8,000 per acre. The barks produced by cultivation are much superior to the natural ones. The success in the

artificial cultivation of the cinchona tree in India will justify similar attempts in this country, and the Agricultural Bureau will probably try to initiate some movement in this direction.

THE POST MORTEM OF A LIVER PAD.—"The pad is made of drilling, and filled so as to be about one-half to three-fourths of an inch in thickness. The contents are: Ground flaxseed and ground fenugreek seed, fifty per cent.; pitch, resin of galbanum or olibanum, and resin of sandarac, forty-five per cent. The remainder is probably composed of aromatics. The fenugreek gives the peculiar odor, though this is changed to a limited extent by the resins and aromatics.

FOR SALE.—An office, horse, buggy and stable, together with a good practice in a new part of country; no opposition. All for $300, cash. Address,
D. S. LANE, Flint, Mich.

The *Independent Medical Investigator* takes exceptions to our mention of the circumstance that in the list of diploma-selling colleges published sometime ago, were a large percentage of those who sail under "Reform" colors. It says that only four out of the ten are "Reformers." We stand corrected, but we certainly were under the impression that Homœopaths, Physio-Eclectics, Physio Medics and Vitopaths, *et id genus omne*, as well as Eclectics are "Reformers." Pray, who are the "Reformers" anyway? The *Investigator* says we gloat over this large percentage. This is a great mistake. So far from gloating over it, the fact that so many of those in whose hands lies the redemption of the art of healing, are given to such disreputable practices fills us with pain, and apprehension. Gloat, forsooth! Not we.

M. Hanot presented to a society in Paris four brains, derived from the *post-mortem* examinations of as many criminals. Prof. Benedikt, of Vienna, recently called attention to the structure of the brain in certain criminals; he has observed the presence of four frontal convolutions in twelve assassins condemned to death. M. Hanot has found the same anomaly four times in eleven autopsies. The subjects are not criminals of the worst type, but thieves of long standing and regular "jail-birds." In the brains presented the second frontal convolution seemed to be doubled, the supernumerary one being situated at this point. This is especially the more curious, as not a single case of the kind has been observed in patients dying at the hospitals not criminals.

Our printer made a ridiculous blunder in our last issue in the advertisement of "Notes of Hospital Practice," a blunder, however, which because of its very ridiculousness was not so apt to mislead. It consisted in making "8 vo." read "$8.20," in giving the price of this valuable little work. The price of the book is $2.00, in cloth and $2.50, in leather, for the two volumes, containing notes of the practice in the Philadelphia and New York Hospitals, respectively. These notes have met with a very large sale and are fully worth even the figure the types placed them at, for the active practitioner.

The first number of the *Quarterly Epitome of Practical Medicine and Surgery*, being an American supplement to *Braithwaite's Retrospect*, has been received. It appears in the same style and color of binding as its illustrious principal. The American editor has displayed much industry in his selections and condensations. He has added also an editorial department in which he freely expresses his individual mind. Price seventy-five cents per No., or $2.50 per year in advance. We give it hearty welcome to our list of exchanges.

Chicago Medical Gazette: We are informed by Gaillard's *Medical Journal* that the Zulus have a way of their own of cleansing the gastro-intestinal canal, by producing emesis. They place the patient on his head, and, introducing the small end of a cow's horn into his rectum, pour a quart of sea water through it into the recesses of his body. This is what our Illinois State Board of Health would call a domestic enema. It has a charm of simplicity and the merit of thoroughness, but it is liable to the objection of leaving a bad taste in the mouth.

The June number of *The North American Review* contains "Popular Fallacies about Russia," by E. W. Stoughton, ex-Minister to Russia; "Divorces in New England," by Dr. Nathan Allen; "McClellan's Last Service to the Republic," by George Ticknor Curtis; "Has the Southern Pulpit Failed?" by Rev. Dr. F. A Shoup; "Caste at West Point," by P. S. Michie, Professor of Philosophy at West Point; and "Some Interesting Publications," by M. W. Hazeltine. This number closes the 130th volume and sixty-fifth year of the *Review*.

The *Pacific Med. and Surg. Journal* regards it as a good sign that the Methodist Church degraded from the ministry and expelled the Rev. T. B. Miller, M. D., Dean of the bogus Philadelphia University of Medicine and Surgery. We thought so too, but when the news reaches the Pacific slope that the Rev. Dr. Miller's disabilities have since been removed, and that he again nestles in the fold, our contemporary's feelings will doubtless suffer a similar reaction to that which ours have experienced.

Edison, having failed, at least not having succeeded, in perfecting his electric light, has turned his attention to quackery, and is said to have invented a specific for rheumatism, which will probably soon take the place of St. Jacob's Oil on our fences and dead walls. He is also reported to have discovered a new anæsthetic. There is nothing like medicine as a field for the display of genius. Electricity, chemistry, etc., are too exact for the enterprising mind.

The Rev. J. G. Wood, the well-known writer on entomology, informs us that in Brazil ants are utilized as both needle and thread in the sewing up of wounds. The native surgeon pinches the edges of the wound together and applies an ant, which immediately bites at the obstacle making its jaws meet. He then pulls away the body, leaving the head adhering. Seven or eight heads are thus sometimes applied to a single wound. This is an ant story.

A writer in the Louisville *Medical News* has found common salt to be a valuable medicine in diphtheria. He treated three cases with it, in one of which the temperature ran up to 107°, with the happiest result, and without any of the ordinary consequences occurring in any case. We have known severe cases of disease to recover with no other medication than cold water, internally too, and a little food. The *post-hoc, propter hoc* reasoning is not exactly reliable in therapeutics.

Dr. Adam Clarke, the biblical scholar, didn't like pork. He once said that if he were to offer a burnt offering to the devil, he should choose a pig stuffed with tobacco. When invited to ask a blessing at a table on which was some ham, he used these words: "Lord, bless this bread, these vegetables, and this fruit; and if thou canst bless under the gospel what thou didst curse under the law, bless this swine's flesh."

In the *Revue Medicale*, for April 3, Dr. Larmaude recommends what he calls "tonic glycerine" as a substitute for cod-liver oil for those who cannot take the latter. It consists of pure glycerine, nineteen ounces, tincture of iodine, thirty drops, and iodide of potassium, five grains. Give a tablespoonful a quarter of an hour before each meal. The appetite is said soon to return, and constipation, when it exists, disappears.

According to a statistical calculation of the amount of quinine consumed in the world, it appears that 100,000 kilogrammes (about 250,000 lbs.) of the sulphate, valued at 56,000,000 francs, are consumed annually. In addition to this about 2,000,000 francs of the other salts—chlorhydrate, bromhydrate, etc.—are used, making in all 58,000,000 francs ($12,000,000) worth of this one drug.

Dr. Carlile, of Illinois, advances the idea, based on his observations, that the degree of darkness of the areola and nipple in the pregnant woman is an index to the sex of the child. A dark nipple and areola, a male child; a light nipple and areola, a female child. This is the latest idea on the determination of sex in utero. Next.

American Medical Association. — Members attending the meeting in New York, (June 1st), can procure tickets over Canada Southern R. R. for nine dollars, round trip; and over New York & Erie from Buffalo for twelve dollars, round trip. Tickets over New York & Erie to be purchased in Buffalo, at office 177 Main street.

The story is told of an absent minded doctor who, on calling on a patient, put the fee in the sick man's hand and took the medicine himself. He did not become conscious of his mistake until he found himself getting sick and his patient rapidly recovering.

Two parts of Peruvian balsam, to one part of iodoform, is said to cover the smell of the latter completely. Iodoform one part, balsam Peru two parts, cosmoline eight parts, is a convenient preparation.

Since the introduction of chloroform as an anæsthetic agent, thirty-five years ago, there have been 500 deaths from its use. Has the suffering it has saved been worth that many lives?

Dr. Sharpey, the physiologist, better known as the associate with Dr. Quain in the authorship of Sharpey and Quain's illustrated work on anatomy, has just died, at the age of 78.

The life of a doctor is a hard one if he gets practice and a deal harder if he does not.

Book Notices.

Homœopathy: What is It? A Statement and Review of its Doctrines and Practice. By A. B. Palmer, A. M., M. D., Professor of Pathology and Practice of Medicine in the University of Michigan. Price, $1.00.
Detroit: George S. Davis, Publisher.

The question asked in the title of this book would seem to be a rather superfluous query, but it would probably puzzle the majority of our readers to give it a concise answer. In a general way, the majority would say it is a system of practice based on the dogma of *similia similibus curantur*, which, being interpreted as to its import, means that diseases are cured by remedies whose physiological effects on the system resemble the symptoms of the disease. This, however, by no means comprises all that is meant by homœopathy as it is practiced by those who, having declared in favor of the system, are honest in their belief and consistent in their practice. We are perfectly aware that this assertion will be promptly denied by the majority of those who sail under these colors, but in denying it they but proclaim their inconsistency. Homœopathy means high dilutions as much as it means aught else. It is to substantiate this assertion, as well as to point out other absurdities of the system, that Dr. Palmer has written this book. His arguments are mostly drawn from the standard homœopathic authors, from the time of Hahnemann down to the present day. A series of lectures, delivered and published some years ago, are the basis of the present book. When these lectures appeared, a leading homœopathist of this State declared, in a communication to a newspaper, that they were a gross misrepresentation of the system of homœopathy. Dr. Palmer promptly replied with an offer to leave the matter to non-medical and impartial arbitrators, to be mutually chosen, agreeing

that if they should sustain the charge he would pay all the costs and make a liberal donation to the Michigan University library for the purchase of works on homœopathy, provided that the homœopath would agree to the same penalty in the event of his charge not being sustained. The proposition, evaded at the time, is now renewed in reference to the present publication.

The profession know too little of homœopathy, and as a rule are not qualified by documentary evidence to show up its absurdities. The book before us supplies such evidence, condemning homœopathy out of its own mouth, and referring to the page in each work from which quotations are made. In fact, so fully is it made up of quotations from the standard works on homœopathy that it might be called a compilation. The selections are very appropriately made, and as arguments they are unanswerable.

It is such a book as every physician should read.

COMMON MIND TROUBLES, AND THE SECRET OF A CLEAR HEAD. By J. Mortimer Granville, M. D., M. R. C. S., etc. Edited, with additions, by an American Physician. Price $1.00. Philadelphia: D. G. Brinton.

This little book, a reprint from the eleventh thousand of the London edition, is for the first time introduced to the American people. While written for popular instruction, it is not for that reason beneath the consideration of the profession, to the great bulk of whom mind troubles are a *terra incognita*.

The first part treats of those mind troubles which are most frequent, which are always the source of unhappiness, and sometimes the warnings of insanity. It tells how they are to be combated, how prevented. A firm believer in the power of reason and will, the author teaches individual maxims for self-government. The second part contains the positive precepts for gaining and keeping a clear head and a happy spirit. It is not the repetition of thread-bare moral maxims, but the results reached by a modern scientific student of mind, as it appears in health and disease.

The author has great faith in the power of early training and education over the failings of the mind, and of the will over mental irregularities. Youth, he says, is the time for conquering the evil passions and uprooting the foul weeds. If this valiant husbandry is rejected, there must needs be turmoil later on in life ; but the individual has himself alone to thank for the experience. Those who would be peaceful and happy in the noonday and eventide must be up betimes and subdue the enemies of happiness, the depredators and sowers of tares. Consistency is conformity to the nature born with man, and shaped and fashioned while he is fresh and young. It is an admirable little book.

CONSPECTUS OF ORGANIC MATERIA MEDICA AND PHARMACAL BOTANY. Comprising the Animal and the Vegetable Drugs, their Physical Character, Geographical Origin, Classification, Constituents, Dose, Adulterations, etc. By L. E. Sayre, Ph. G.
Philadelphia: D. G. Brinton. Detroit: George S. Davis.

This book is what its title proclaims it, and the information it gives is arranged in a form making it very easily got at. It is especially adapted to the pharmacist and to such as make a study of materia medica proper, that is, as it is dissociated from therapeutics, which latter subject it does not touch on. It contains, also, tables of the tests and solubilities of the alkaloids and of vegetable antidotes and incompatibles.

Original Articles.

Ascaris Lumbricoides.

BY WM. C. MAULL, M. D., MIDDLETOWN, ILL.

Eleven years ago the writer graduated at one of the oldest and most reputable of medical schools with the impression that such a complaint as is commonly called "worms" was something rarely met with, and, in fact, to say a patient had worms was rather more of a joke than anything else, and indicated either a pandering to vulgar errors or deficient ability in diagnosis. The impression was so positive a one that my patients obtained the idea, from my remarks, that troubles from worms never occurred, and my reputation, doubtless, in not a few cases, suffered sorely from the criticisms of elderly women who knew differently, and the entozoa often putting in an appearance to speak for themselves. None are so blind as those who will not see, and such was my condition. Although worm after worm affronted me, their presence was explained away, to my satisfaction, at least, by declaring they were generally present in the prima via, that other causes occasioned the disease, and that the worms came away because they were dissatisfied with a home surrounded by poisoned secretions, excretions, and the like. In truth, my reasoning, at times, was so cogent and tinctured with "finesse" that it at least must have interested my hearers, if not satisfied them.

The positive fact, however, soon presented, that with the expulsion of worms came relief and health, and my views, of course, changed, so much so, indeed, that now, when not tolerably sure, in a certain large class of children's complaints, of having made a correct diagnosis, upon general principles I add to my prescriptions a vermicide, and with my years of observation my faith in such a practice has increased.

The symptoms of ascarides, as briefly laid down by authors, are, nausea, vomiting, indigestion, lower eyelids swollen, thick lips, dilatation of pupils, grinding the teeth in sleep, picking the nostrils, diarrhœa, etc. They also tell us that the symptoms pertaining to the nervous system are important. They especially write of lumbrici affecting sensitive children, and have little if anything to say of their affecting adults. Now the irritation produced by worms is far more frequent, more severe and more diversified in its manifestations than is generally recognized. Of course they are not "fons et origo" of all disease, yet their symptoms are many and quite puzzling;

for instance, a boy 9 years of age, stoutly built, and of good color, told me that he vomited every morning after eating and at no other time, and that he often through the day had some pain in his bowels. Remembering my treatment of his mother, Mrs. D., hereafter mentioned, I gave him fluid extract spigelia and senna and compound santonin, which caused him to pass quite a number of large, round worms, and as if by magic stopped his vomiting. One can smile at the treatment of such symptoms. I did at the time, and why it suggested itself cannot now tell. It was a first suggestion, however, and such, as a rule, are valuable in medicine as elsewhere. Here the facts are that the morning vomiting had continued for ten consecutive days in a rugged boy, and that as soon as worms were passed he was promptly relieved. Probably the irritation caused by their presence in the intestine, towards morning, when it became empty, was sympathized in by the stomach, and hence the vomiting. As to its cause, however, others can guess.

Fever is one of the commonest symptoms of worms. That there is such a thing as is usually called "worm fever" (we, of course, can call it "irritative fever due to ascarides lumbricoides"), there can be no doubt. It is frequently met with, others to the contrary notwithstanding. Beside some of the usual symptoms of lumbrici, its chief feature is a fever irregularly intermittent. Here is a case: Girl, æt. 14 months; time, August; cutting stomach teeth. Her father said she had fever almost every night, and sometimes during the day; that she at times had diarrhœa, but that it did not amount to anything; that she frequently cried out with pain, picked her nose and gritted her teeth. Told him her trouble was due to teething, probably also malaria, and gave her quinine and a mixture of bismuth and opium. He called again several times, stating the child was no better, and received a similar treatment. The father each time said he believed the child had worms; gave the last time fluid extract spigelia and senna; result, passage of many long, round worms and prompt relief. Eliminating regular periodicity of fever in this class of cases, and finding other symptoms indicating lumbrici, enables me frequently to relieve my patients and save my quinine. Cases similar to this are often seen and coming generally when ague is rife, are easily mistaken. It is very probable, also, that intermittent fever in children in malarial localities, is rendered, at times, incurable by quinine for more than a few days, by the irritating influence of worms. Be this as it may, the best way to cure some cases of ague in young children is to relieve them of all irritation, for then they can be toned up by tonics and restored to health.

But this "worm fever" is not confined to children, many cases has the writer seen in adults, and especially is the following one of interest: Æt. 38, mother of eight children, the boy above mentioned being one of them, last child being six months old. She first sent for medicine writing she every now and then had fever, had no appetite, could not sleep, had nervous spells, had at times diarrhœa and cramps in her bowels; was "no account" and believed she had worms, which latter I didn't believe, and sent her quinine and a nervine. She sent word again in five days that she was no better and that she knew she had worms because one would have choked her to death if she had not succeeded in coughing it up, that it was six or seven inches long and she wanted some worm medicine. Sent her santonin, and met her in a couple of weeks when she told me the medicine had caused her to pass fifty-two long, round worms, and that she had since been well. That other physicians would have prescribed similarly for this woman at first considering the then frequency of malarial affections, is almost certain. Yet who can doubt but that if the last prescription had been first given she would have been by it promptly relieved. True, the quinine did her no harm, (we are taught it never does) but, to say the least, it is disagreeable to take and must be paid for.

As to whether lumbrici will be found causing irritation can hardly be surmised. One case is well remembered in a man of 30 years who was seized with typho-malarial fever marked with vomiting and diarrhœa, that the usual remedies failed to relieve. A worm, however, being found in his stool, a dose of calomel was given causing him to pass many more of the same kind after which his vomiting ceased and his diarrhœa was easily controlled. Again the writer was with a lady of great refinement and wealth during her accouchement—said there she had suffered for some time previously with pain in her bowels. Told her she would be relieved of all such after her child was born. Was called to see her again in ten days. Said she had been suffering since she last saw me with a griping pain in bowels again, but that during the last day or two when she had a passage or before the pain was almost unbearable. Gave her an anodyne and requested her to still keep her bed. Was called in a hurry to the house the next day and informed that my patient, greatly to her consternation, found a long, round worm in her last passage. I allayed her fears. Gave her fluid extract spigelia and senna, and compound santonin. Result, more of the same kind and no more pain.

Much more could be added but your space will not permit. Summing up, however, we find there is such an animal as an ascaris lumbricoides; that he, by no means a stranger, not only gets in his work upon the young but adults also, and that it is the part of a phsyician to understand when he is present and retire him.

Failure of Iodine in Intermittents.—Dr. E. H. Fridenberg, *New York Medical Journal*, Jan. 1880, gave tincture of iodine in ten drop doses every four hours, night and day, to twelve patients with intermittent fever. In one case there was slight benefit, but none in the others. Dextro-quinine was effective in the cases in which iodine was valueless.

Selections.

The Effects of Continence on Health.—Dr. George M. Beard, in an article in the *Medical Record*, of the 8th inst., discusses in a free manner this very important subject. As the result of his studies, which include a careful and repeated inquiry into the habits of patients, and conversation with very many physicians in regard to the points involved, and inquiry into the habits of savage, barbarous and semi-civilized races, so far as practicable, through all authorities on sociology, Dr. Beard comes to these general conclusions: (1) Absolute continence is possible for an adult male and consistent with health and longevity, with the relief that comes from occasional involuntary emissions, provided that the the person is originally strong in his nervous system. (2) Individuals of nervous and sensitive organizations find it very difficult, and oftentimes impossible, to lead an absolutely continent life without suffering from nervous symptoms, which in some cases are of a serious and crippling character. The lower one is in the stage of evolution, the easier it is to be continent; the higher one is in the stage of evolution, the more difficult it is, other things being equal, to be absolutely continent without being thereby perceptibly affected. He draws an analogy between the other functions of the body and those of the reproductive system. Among the brain-working, active, nervous people, there are those who, if they abstain from a single meal, or even delay a meal beyond the usual hour, are liable to be attacked with headache, become fretful and irritable, and manifest other symptoms of nervous derangement. The savage, however, can go for days without eating, and when he does, can gorge himself with but slight and temporary harm. In this feature the reproductive system follows the same law as the digestive system. The more complex, sensitive and impressive the organization the more likely are we to suffer from unnatural and prolonged abstinence. There can be no general, sweeping, universal and cast-iron law upon this subject, fitting to all nations and races, conditions, temperaments and idiosyncrasies. In this, as in everything connected with the nervous system, each case is its own special study. (3) Absolute and prolonged permanent continence apparently reacts unfavorably on the mind, depriving it of its highest possibilities. The nervous system may be sound and free from perturbation, and at the same time be far below its possibilities of activity and fruitfulness. A person may be well and remain well all his life without ever reaching a condition where the mind is at its highest stage of activity and productiveness. It is a part of the actions and inter-actions of the different organs on each other that the exercise of the sexual functions, like the exercise of the digestive functions, stimulates and sustains the exercise of the intellectual—the higher nature is reinforced by the lower. The distinctive mental characteristics of persistent old maids and bachelors—qualities which they would not have had if married—represent, when properly analysed, not gain, but sacrifice. Biography shows that the geniuses of the world have been prone rather to over-indulgence both of the reproductive and digestive systems, and there is yet no evidence that any of the best intellectual work of the world, in any department, has been done by persons of the continent class. Out of the vast amount of valuable work which has been done and is being done by those whom we have reason to believe are continent, there is little record of any considerable creative work which has directly changed or is likely to change, the destinies of mankind. 4. Sudden and violent change in sexual habits, especially in matured years, reacts very injuriously, and sometimes very seriously on the nervous system. Changes of this nature, in a nervous constitution, have produced important and complex and distressing symptoms of the nervous system. Those who have followed the cases of nervous derangement in young men, with sexual neurasthenia, have found that they have always been preceded by a sudden stoppage of sexual excesses followed by rigid continence. Young men are very rarely affected by any of those symptoms while they keep up the habit, unless the habit has been carried to a very great excess; indeed, it is the sudden leaving off, csused usually by reading the books of some charlatan, which bring all the unpleasant symptoms which drive them in despair to the doctor. There are those among the German writers, and others also, who hold that those young men always lie, that they are still keeping up the habit when they consult us. This is an inference which is not justified by the facts, and is certainly not correct in many of the cases.

After closely studying the histories of these young men, Dr. Beard has found almost always, that while they maintain the habit even for many years they are not distressed, but within a few months or years after stopping they are afflicted with morbid fears, hypochondria, headache, insomnia, fear of society, profound exhaustion with some other symptoms of nervous derangement.

In discussing the remedies for the conditions ensuing on continency, Dr. Beard denounces the indiscriminate and off-hand recommendation of marriage, as unscientific as is the indiscriminate recommendation of other hygienic and therapeutic measures. Marriage may possibly relieve the condition refered to, but some of the best results of treatment occur in those who do not get married but who live continent lives.

Preventive of Uterine Hæmorrhage.—By request of the Obstetrical Section of the New York Academy of Medicine, Prof. Isaac E. Taylor read a paper upon this subject, which is published in the February No., 1880, of the *Independent Practitioner*. The views of one so eminent in the profefession upon a subject of such great import to the profession makes this papər of special interest.

The title of his paper is embodied in two propositions :

1. Flagellation or spanking the child's back previ ous to its complete delivery as a preventive to uterine hæmorrhage.

2. Flagellation of the abdomen of the woman after delivery of the placenta as a substitute for the introduction of the hand into the uterine cavity.

The author graphically pictures the horrors of uterine hæmorrhage. Then he reminds us that the uterus is the only organ in the female economy that has an habitual sanguineous fluid issuing from it, and that is the only organ which has large, oblique, open sinuses without valves ; that the blood comes through these sinuses directly from the vena cava and heart itself, and not from the returning veins of the uterus ; and also of the fact that there is no safety in uterine hæmorrhage except from nature's tourniquet—instantaneous uterine contraction. He claims for the method originality, simplicity and efficiency—one always on hand, and having for its recommendation a physiological basis.

If hæmorrhage occurs or is feared before the delivery is completed, the application of the method consists in moderate and occasional flagellation or spanking of the child's back. After the shoulders are delivered, the breach and extremities of the child should remain in the vagina for fifteen minutes or more before they are withdrawn. The feet are thus placed in apposition with, or in the cervix-uteri. Pressure over the uterus by the hand is to be avoided until the delivery of the child, which should be slow and gradual, as it might effect the delivery of the child before we have gained our object. The spanking should be gentle. but quick and continued, until the delivery of the child is completed.

If hæmorrhage occurs after the delivery of the placenta, his treatment consists in exposing the abdomen of the patient and flagellation with a towel doubled up, the ends held in the hand, and saturated or not with ice water. Several rapid and powerful strokes should be made, when the uterus will be felt contracted or contracting. Should uterine contraction once be secured, and relaxation occur, a milder application of the same means may be resorted to.

The treatment is not applicable to those cases where hæmorrhage is associated with fibrous tumors, polypi and adhesions to the peritoneum ; nor to those cases of hæmorrhage which come from secondary causes, such as anæmia and the uterine atony or inertia, presenting a functional paresis of the uterus, appearing sometimes before but more especially after the delivery of the placenta. The treatment is adapted: 1. To those cases where the uterus is large, soft and flabby, and scarcely recognizable by the hand. 2. To those where the uterus is distended with blood and as large as at full term of gestation. 3. To the smaller number—the soft uterus and less perilous.

In offering an explanation of how his method accomplished uterine contraction, he reminds us of the established fact, that in the dilating stage of the cervix-uteri during labor, the nerves engaged are those which are solely and wholly in relation with the true spinal marrow or medulla spinalis. The medulla oblongata, or the functions over which that portion of the nervous system presides, is not yet engaged ; and when the fœtal cranium comes to pass through the crevix, and then to press upon the vagina, a new series of events arises, and another class of excitor nerves begins to act, and reflex spinal action is established.

After the delivery of the child, the tender surfaces of the vagina and crevix-uteri becomes instantly excitor, and when they are touched, the motor irritation of the uterus will be more susceptible and quickly provoked, and more rapid than when acting alone.

The vaginal and cervical excitor nerves are not only in relation with the true spinal marrow or medulla spinalis, but they are in consonance with the medulla oblongata and cerebellum. The excitation of the vaginal and cervical nerves, therefore, through reflex action, arouses the motor nerves going to the body of the uterus, and they become instantaneously engaged or brought into action by the irritation or titillation of the child's feet when the back is slapped, and through the distension of the vagina by the breach of the child.—*Va. Med. Monthly.*

Accumulation of Cerumen Simulating Chronic Bronchitis. (Leason, *Lancet.*)—Mrs. V. had suffered at intervals of from three to five years several attacks of acute and sub-acute bronchitis, from which she recovered, her lungs being left fairly free from physical signs, but which slowly then increased, much to her discomfort, and defied all treatment. She had a violent morning cough, lasting oftentimes nearly an hour, and terminating with vomiting about half a teaspoonful of glairy mucus. So severe was this morning cough, that she dreaded rising, having generally to rest several times during dressing from exhaustion. The bowels and bladder were relieved almost involuntarily. All sorts of plans, schemes and remedies were tried, but without success, and the case was abandoned as being a hopeless one of chronic bronchitis.

For about two years she had suffer from increasing deafness, and had also lost hearing on one side. Lately she began to complain of the good ear being affected, and one morning I was called to see her, on account of almost completete deafness.

On examination both ears were found filled with inspissated cerumen, which, after much syringing and soaking with oil, was removed, and her hearing was completely restored. From that day she has entirely lost her cough and sickness, and appears to be quite another woman.

Accumulation of cerumen in the ears and bronchitis both chiefly affect those advanced in life. It may be that a connection between the two as cause an affect, has hitherto been overlooked. However, in any case of prolonged and troublesome cough, which resists the ordinary remedies, careful examination of the external auditory canal should be made.

The explanation of the case is now easy : the cough was simply a reflex one. Aural surgeons know, that foreign bodies in the ear are frequently attended with dry cough. Coughing can be excited by tickling the auditory canal.

In this case. the stimulus seems to have traveled down the vagus, stopping a little while at the pulmonary plexus, and then following the pneumogastric through the diaphragm to the stomach, causing in the first place a flow of mucus and secondly vomiting.

The anatomy is more difficult. The auricular branch of the pneumogastric nerve supplies the skin *on the back* of the ear, whilst the skin of the external auditory canal is supplied by the auriculo-temporal branch from the third division of the fifth. This being proven by dissection and by the frequency of earache accompanying toothache and malignant disease of the tongue, by the stiffness of the jaws accompanying earache.

Boracic Acid in Inflammation of Mucous Membranes.—We learn from the *Maryland Medical Journal* for April, 1880, that at the meeting of the Baltimore Clinical Society, February 21st, Dr. J. Shelton Hill reported a case of gonorrhœa, in which he employed an injection of boracic acid (half a drachm to four ounces) ; he next saw the patient four days after, and found him perfectly well. Since that he had used it in a primary attack, increasing the strength to ten grains to the ounce. The disease, which had lasted six days, was cured in one week. The patient was a letter carrier, and continued his employment during the treatment.

He has also employed the agent by inhalation, in follicular tonsillitis, with surprising results. So also in post-nasal catarrh. Finally he obtained most satisfactory results in a distressing and painful cystitis, due to long-standing resilient stricture, by injections, morning and night (and drawing the urine), of an eight-grain solution. The patient had required the constant use of anodynes, which he administered himself, hypodermically. Any attempt to walk caused severe paroxysmal pains and desire to micturate. Eight days ago he began the injections ; the urine was then so tenacious that it adhered to the vessel when inverted ; the night before he had been up to pass his urine thirteen times. The next night this was reduced to seven times, and there was far less pain. On the second night after the treatment the number was four, and no opium was used, for the first time in six weeks. On the fourth night there were two micturitions. Since the 18th only one injection daily has been employed. On the 19th the patient was able to take a long walk without any bad results. The patient had been two months under treatment. At first only a filiform bougie could be introduced, and the stricture had to be dilated. Various astringents had been used for the cystitis, including zinc, acetate of lead, opium nitrate of silver, etc., but the patient grew steadily worse until the employment of the boracic acid ; then the improvement was immediate. The injections were made through a small flexible catheter, about No. 2. Specimens of urine passed at various stages of the treatment were exhibited, in which the change from a dark brown purulent fluid to a clear one without deposit was very striking.—*Medical and Sargical Reporter.*

Treatment of Syphilitic Ulcerations by Pyrogallic Acid.—Vidal (Soc. de Thèrapeutique, *Bull. Gen. de Thérap.*, 1880, p. 184) has begun a series of researches upon pyrogallic acid, or pyrogallol. Pyrogallic acid, $C_6H_6O_3$, obtained by the dry distillation of gallic acid heated to 200°-215° C., occurs in the form of needles or fine white scales. It melts at 115° C., and boils at 210° C. At 250° C. it decomposes into metagallic acid and water. It is soluble in two and one-half parts of water, and is also very soluble in alcohol, ether, and glycerine. The aqueous solution becomes black when exposed to the air. It is neutral. M. Vidal made his first experiments with pyrogallic acid in 1878, employing it in the treatment of psoriasis. In Vienna it is used as a succedaneum to chrysophanic acid. It must be employed with caution, on account of its action upon the kidneys.

The syphilitic ulcerations in which M. Vidal employed pyrogallic acid were of a phagedenic character, and had resisted all previous efforts to stay their course. The acid was employed in the form of ointment, one part to five of lard, and was applied on three successive days ; the pain caused was moderate, and only lasted eight or ten minutes. Under the action of these three cauterizations the surface of the phagedenic ulcers was decidedly modified. Three more applications were made, resulting in a rapid cure.

Since this first successful case M. Vidal employed this ointment for the purpose of dressing chancres, with very favorable results. The pure acid does not seem to have the same effects. He thinks it possesses an active affinity for neoplastic tissues. Dr. Dujardin-Beaumentz, however, does not agree with him on this last point.—*Medical Times.*

India Rubber Ligature for Umbilical Cord.—Dr. S. Budin states that secondary hæmorrhages of the umbilical cord are rare, and, in certain cases, where it contains a certain amount of Wharton's gelatine. Although ligation may have been well performed, crying and other efforts often produce serious if not fatal hæmorrhage. The use of india rubber has this advantage, that the pressure is continuous and strong and it does not cut the cord. There is some difficulty in applying it, which may be obviated by taking a match, or other small piece of wood, and including it in the ligature. It prevents slipping and when the tying is done the match is then broken and the pieces are slipped from under the ligature. Dr. Dickson, in 1874, spoke of ligating the chord with an electric band, to the Obstetrical Society of Edinburg, but his ligature consisted of silk and rubber. The author makes the following

conclusions : 1. In cases where the cord is large, ligation with flax thread even, if it is tightly applied, may be insufficient to prevent secondary hæmorrhage. 2. In such cases the elastic ligature should be applied. 3. The preferable one to use is that having 2 mm. in diameter. It is easily applied when used with a match, as mentioned above, four or five turns around the chord being sufficient. 4. It exercises a continuous pressure on the vessels of the cord, rendering them impermeable thus preventing secondary hæmorrage, and on the other hand, not cutting the cord. —(*Progres Medical, St. Louis Medical Journal.*

Relations of Syphilis of the Lung and Phthisis.—From a recent work on this subject by Schnitzler, of Vienna, noticed in *Le Mouvement Médical*, we abstract the following :

1. Pulmonary syphilis is common ; sometimes it is the result of general infection in its later stage, sometimes it presents itself promptly in the secondary period. Ordinarily it follows syphilis of other organs, the skin, mucous membranes, bones, liver, testicles, and brain.

2. The symptoms are usually those of phthisis, causing the diagnosis during life to be difficult, and rendering even the post mortem inspection sometimes more or less equivocal, because of the difficulty of distinguishing in the general pulmonary infiltration which is strictly tuberculous and what is gummous.

3. The diagnosis is based upon the functional troubles observed in the course of the disease, upon the influence of treatment, and upon the presence of infection in other organs.

4. The prognosis is always serious, but not constantly unfavorable when the disease is recognized, even at an advanced period.

5. Without specific treatment the disease eventuates in phthisis and death.

6. The treatment should be antisyphilitic, that is, both iodine and mercury, and Professor Schnitzler assures us that the results obtained from specific treatment will often be beyond our expectation.—*Medical Times.*

Influence of Brandy and Wine on Digestion. —M. Leven (Soc. de Biologie, *Bull. Gén. de Thérap.*, 1880, p. 185) says that if a dog, to whom has been given 200 grammes of food with seventy-five grammes of brandy, be killed five hours later, the food is found undigested in the stomach, the internal surface of which is red and congested. In addition, 160 grames of clear, transparent, feebly acid liquid are found, containing 1.90 grammes of hydrochloric acid to the litre. This liquid contains no pepsin, and is without digestive power. It is probably the result of aqueous endosmosis, produced under the influence of excitation of the gastric mucous membrane. There is no trace of alcohol in this fluid. Brandy, therefore, in excess irritates the stomach without favoring digestion. Further experiments showed that brandy given in small quantities, and especially if well diluted, is favorable to digestion.

Formulary.

TO CURE A CATARRH OF THE BRONCHI OR THROAT IN A FEW HOURS.

There may be cases of acute catarrh which cannot be cured in a few hours, says Dr. H. Hager, in *Pharm. Centralh.*, but then it may be considered a great advantage if the acute form of a catarrh can be changed into that of a mild cold within a few hours.

To accomplish this he gives the following receipt for pills:

Sulphate of quinidia	9	grains.
" cinchonidia	9	"
Powdered tragacanth	12	"
" marshmallow root	6	"
" gentian	6	"
" red sandal wood	2	"
Glycerine	6	"
Muriatic acid	6	"

Mix and divide into twenty-four pills. Dose, five to six pills at bed-time, and three pills every two hours during the day. As soon as the first symptoms of a catarrh appear, such as dry coughing, heat in the bronchi, etc., the patient should take six of the pills, then two every hour during the day, and twice five pills within two hours before going to bed.

ODORLESS IODOFORM.

No satisfactory method of disguising the penetrating odor of iodoform has yet been proposed. The following formula, however, it is asserted by Dr. Lindemann (*Allgemeine Medicin. Central-Zeitung*, 1879, No. 74), does away with the smell entirely:

℞ Iodoformi	grs.	xvj
Bals. Peruviani	grs.	xxx
Vaselini, adipis, ung. glycerini. ää	ʒ	ij

M.

If desired in a fluid form the following formula may be employed:

℞ Iodoformi	grs.	xvj
Bals. Peruviani	ʒ	ijss
Alcoholis, glycerini, collodii, ää	ʒ	iij

FOR ENEMA IN INFANTILE CONVULSIONS.

℞ Moschæ	gr.	iij
Camphoræ	grs.	xv
Chloral hydrat	grs.	jvss
Vitell ovi	no.	j
Aquæ	ʒ	jvss

M. To be administered after the bowels have been evacuated by a large simple or oleaginous enema.

SUMMER DIARRHŒA OF ADULTS.

℞ Cotoinæ	gr.	j
Aquæ destillatæ	fl. ʒ	iv
Alcoholis	gtt.	x
Syrupi	fl. ʒ	j

M. Sig.—A tablespoonful every hour.

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

Vol. III. DETROIT, JUNE 10, 1880. No. 11

Editorial.

Lay Advice to the Profession.

The following circular has been issued to the profession by the Superintendent of the State Public School :

COLDWATER, Mich., May 25, 1880.

DEAR SIR.—For some time past this institution has been greatly troubled with ringworm of the scalp (tinea tonsurans), which was first introduced there from the county houses *and spread* by contagion *before the nature of the disease and the best method of treating it was fully understood.* Since the first cases were brought here, nine others that we know of have been brought to this institution from the poor houses, and doubtless many more that escaped our notice, as the disease cannot readily be seen until the hair is cut close ; and it is only within the past few months that we have practiced cutting the hair close on the day of the child's arrival.

This disease is as *contagious as measles, except when under constant medical treatment.* And while ringworm of the body can be cured readily in from ten to twenty days, ringworm of the scalp is *as difficult to eradicate as Canada thistles,* and requires constant and persevering treatment for from three months to a year to effect a complete cure.

Hereafter no children will be received into the school with diseased heads. The disease may be readily recognized by patches of grayish scurf which *usually* precede any eruptions, and are always seen in connection with it. Sometimes the eruption is the first seen, and *pustules from the size of a pin head to that of a pea* will cover a large portion of the scalp, around which the scalp appears more or less inflamed. Sometimes if the hair is cut quite close, the ringworm can be seen as sharply defined as when on the body, but usually this is not the case, and the resemblance to body ringworm is so slight that it may be mistaken for some other disease, like *scald head,* for instance.

After trying a great variety of remedies, including Goa powder, corrosive sublimate, carbolic acid, iodine, sulphurous acid, gunpowder and vinegar, and many other remedies suggested by medical books and the ablest physicians with whom we corresponded, our physician, Dr. D. C. Powers, has found nothing so effective, upon the whole, as this treatment :

Shave the hair every few days with a razor. Wash the head daily with Castile soap and warm rainwater or distilled water. This should be *done gently* with a soft cloth or fine sponge, so as not to irritate the scalp. Then rinse the head with a wash of carbonate of potash (one drachm to a pint of soft water) and apply to the whole scalp with the fingers or a soft piece of sponge fastened to a small stick, an ointment made as follows :

℞	Precipitated sulphur.....	ʒ j
	Oxide of zinc ointment.....	℥ j
	Ammonio-chloride of mercury.....	℈ j
	Carbolic acid.....	gtts. v

M.

In connection with this, the hairs in the center of the sore spots were extracted with a pair of tweezers or epilation forceps, though in some cases, when the children were quite scrofulous, it became necessary to omit the process of epilation.

While under this treatment the disease has not spread, though it was thought best to isolate all ringworm patients from the other children. Some cases have proved very much more obstinate than others ; especially where there was *any tendency to scrofula in the system.* The treatment must continue long after all sores have been apparently healed, for so long as a germ of the disease is left it will break out again in a few days after the treatment is discontinued. It is safe to assume that as long as any scales or scurf remains on the head it is not cured.

These suggestions have been made from the fact that few physicians, in their private practice, *become familiar* with the *terribly* contagious nature of this disease and *the best method of treating it,* though it is well known in hospital and institutional practice not only as one of the most contagious of diseases, but more obstinate to cure than almost any other, and has been pronounced in some cases incurable.

Respectfully,

L. P. ALDEN,

Superintendent State Public School.

The first impression one receives on reading the above is of its superlative impertinence ; and the second is of its very unscientific character. We have taken the liberty to italicise certain portions of this remarkable document, and more comment than this is scarcely necessary. When the shoemaker attempts to get above his last, he is very apt to make an exhibition of himself. Mr. Alden is doubtless a very efficient teacher of the class which the State has placed under his control, but we must respectfully remark that his circular does not contain sufficient internal evidence of his knowledge of medicine to warrant him in giving a clinical lecture to those whose occupation and study it is to treat disease. If the medical profession have one greater weakness than another it is that they prefer to be taught by those who know something of the principles of that which they essay to teach.

What evidence have we that the disease treated in the State Public School was *tinea tonsurans?* The ability to prescribe intelligently is based on the ability to diagnose correctly. Now tinea tonsurans is a disease very difficult of diagnosis. It is necessary before pronouncing an affection of the scalp as of this nature to have first seen the tricophyton. Did Mr. Alden or the physician to the school detect this parasite? We are not informed that they did or that they even employed the microscope, and we hence have no evidence that the affection was not tinea favosa or eczema. The presumption is that had the diagnosis been made clear, "the ablest physicians" with whom the superintendent corresponded would have tendered such advice as, properly followed, would have resulted in an eradication of the disease in much less time than it usually takes to eradicate "Canada thistles," that is if, as is hinted, it takes "from three months to a year" to get rid of that pest. Tinea tonsurans should, under properly conducted treatment, be gotten rid of in less than a month's treatment. The simile between tinea tonsurans and measles is scarcely justifiable. Mr. Alden evidently does not discriminate between contagion and infection.

But we cannot devote further space at this time to this first attempt, we believe, of the officer of a public lay institution in this State to instruct our medical practitioners. If it is true, and we hope it is not, that "few physicians become familiar with the best method of treating this *terribly* contagious disease" we would suggest that some other of our institutions than our State Public School be commissioned to enlighten their deplorable ignorance. This institution was not founed and is not supported for any such purpose.

Oleomargarine.

In spite of the protestations of dairymen and the sneers and ridicule of others more or less intercsted in butter as a commercial article, oleomargarine has steadily advanced in favor and has succeeded in taking its place as one of the facts in the commercial and domestic worlds. Ridicule, denunciation and objection, were probably to some purpose during the period of the inception of the product. Their influence has doubtless somewhat retarded its general introduction, but now that it has secured for itself the place above indicated, it be comes all to view it impartially and on ts merits. The hue and cry which was raised a year or so ago against its unwholesomeness has been amply demonstrated to have had no better foundation than the imagination prejudice of those who raised it. An examination of its contents is sufficient to convince any one of this fact. There is nothing in its composition of which we do not daily partake in some other form, and an examination of the process of its preparation affords no ground for the belief that the material during these processes undergoes any deleterious change. A comparison of oleomargarine butter with the natural article shows a marked similarity both between the constituents and the quantities of those constituents in each. Natural butter contains 11.968 parts of water and 88.032 parts of butter solids; oleomargarine butter contains 11.203 parts of water and 88.797 parts of butter solids. A comparison of the soluble and insoluble fats comprising these butter solids also shows a remarkable similarity between the two products, the only considerable discrepancy being in the case of the solid fats, butyrine caprion, caproin and capryline, these constituting 7,432 parts in the natural butter and but 1.823 parts in the artificial product. When, however, it is understood that these are really non-essentials in so far as regards the nutritive value of butter—that they are useful chiefly in imparting to it its peculiar flavor, and that through the decomposition of these principles rancidity is caused in the butter, their comparative deficiency in oleomargarine butter will be seen to be a matter of rather minor importance.

Oleomargarine was discovered about ten years ago, by Mons. Mége, a French chemist, who was commissioned by his government to investigate certain questions of domestic economy. During the course of these investigations, M. Mége was led to make a special study of beef fat, with a view to determining whether a large portion of it might not be preserved for dietetic purposes. The horned cattle of France exceed 12,000,000 in number, several millions of them being sent every year to the shambles. If each of these were made to yield a few pounds more of edible fat, it is evident that an enormous and valuable addition would be made to the national food supply. A comparative study to this end was then made of beef fat and butter. The essential part of butter is its oil which differs from the oil of suet in containing a percentage of butyric compounds, which give to butter a part of flavor, and in lacking the large proportion of stearine which gives to suet its hardness and rough grain. M. Mége found that cows when deprived of food containing fat still continued to give milk yielding cream. The only possible source of fat thus exhibited was the stored-up fat of the cow's body; thus it would be seen that it is possible for beef fat to be formed into butter fat. Physiology taught that the change was wrought in the living organism through the withdrawal of the larger part of stearine by respiratory combustion; the secretion of the remaining oleomargarine by the milk glands and is conversion into butyric oleomargarine in the udder under the influence of mammary pepsine. In order to make butter, therefore, it is necessary to simulate the process of nature. The process through which oleomargarine is manufactured, has this simulation in view. The steps in this process are, first, to separate from the oily fat of suet, the cellular tissue and excess of stearine, and, second, to add to the oil sufficient quantity of butyric compounds to give the necessary flavor; third, to consolidate the butter without grain and to add at the same time the requisite portion of water, salt, and coloring matter,

to make a compound substantially the same in composition, flavor and appearance as butter churned from cream, and thus without adding to the original fat anything dietetically objectionable, and without subjecting it to any process capable of impairing its wholesomeness. On the proportion of success attending each of these steps is, of course, dependent the quality of the product and its simularity to natural butter.

An extensive oleomargarine manufacturing company in New Yory city, consumes daily, an average of 100,000 pounds of fresh caul fat, from which is produced from 40,000 to 50,000 pounds of butter, equivalent to the yield of nearly as many milch cows. Where this product goes to the public is largely unaware. We may, heretofore, have been consuming oleomargarine under the pleasant delusion that we were regaling ourselves with choice brands of butter, entertaining oleomargarine, as has been said, as we are sometimes liable to entertain angels—unawares. If this deception has been practiced upon us, we are not cognizant of any injury that we have suffered in consequence. As, however, the practice of deception, is demoralizing, we commend the action of several of our State Legislatures which has prohibited oleomargarine from being sold under the name of butter. While the rose is said to smell as sweet, when called by any other name, it remains to be seen whether oleomargarine called by its polysyllabic title will maintain its hold upon the popular palate. The effect of this prohibition is already noticeable in the depreciation of the price of the product which may reconcile the public to the deprivation of the old time savory creamery butter.

Diploma Selling.

The public as well as the profession have recently been made aware of the fact that there exist in this country a number of institutions, duly chartered under the statutes of the States in which they respectively exist, which sell diplomas; that is, which for a consideration confer the doctorate on unqualified persons who have not devoted such time to the study of medicine as is required by the charters under which they operate. Considerable indignation has, very justly, too, been stirred up against these alleged colleges, the conduct of which they have been guilty being regarded as a dangerous imposition on the rights of the people; for is it not an imposition on those rights to leave the health of the people at the mercy of such as are labled M. D., without having attended the prescribed two or three years, as the case may be, the lectures of a few medical gentlemen who may have banded themselves together in the capacity of a corps of college professors? The American people is a peculiar people. They delight above all things, it is said, to be humbugged, but the humbugging must be done *secundem artem;* it must have a certain *finesse,* a certain flavor of the proper thing about it. To give a man a diploma purely for a few paltry dollars is too commercial a transaction. Have the man occasionally for a couple of years drop into a college lecture room and doze under the prosily read reproductions of the text books, and then exchange so much money for the sheepskin, and not only is no fault found, but the buyer ranks with the ablest and the best in the estimation of the community.

Unfortunately the quacks in the profession are not confined to those who have secured their diplomas without examination and in exchange for mere money. It is, in fact, a grave question whether the latter do not embrace many much better qualified, through reading, than many who have secured diplomas after listening to lectures for from four to six months out of each of two years. The system of medical teaching in this country is in itself very defective, but the system of medical examination is abominable and prone to abuses. The first step in advanced medical education will be taken when the prerogative of examining their own students, and conferring on them the degree of the doctorate, is taken from the medical colleges. Until this is done the evil associated with the selling of diplomas will continue to prevail, as it has always prevailed in this country, in a form somewhat more respectable, it is true, but scarcely less mischievous, in many instances, than that in which it has latterly been so severely denounced.

A Chorea Endemic.

A singular outbreak of St. Vitus' dance is reported as having recently occurred at the Ursuline Academy, in Brown county, Ohio. Notwithstanding the secrecy and mystery with which it was sought to surround the outbreak, sufficient has transpired from patients taken home for treatment to illustrate the peculiar infectious nature of the affection. The occurrence of the first case was speedily followed by others, and soon the disease spread throughout the Academy, being communicated even to the Sisters in charge of the institution.

Although a number of such epidemics are recorded in the history of medicine, their occurrence in modern times is rare. Doubtless the wretched sanitary condition in previous centuries, coupled with the prevailing opinion that people thus affected were being moved by superhuman agency, were formerly the chief factors in the causation. In the absence of such facts bearing on the case of the Ursuline Academy outbreak as a thorough investigation could alone furnish, it is of course impossible to state how largely, if at all, these factors were instrumental in this endemic. It is unfortunate, not only for the institution in question itself, but because of the bearing the occurrence must have on the opinion with which an intelligent public will regard similar institutions, that a proper scientific investigation into the causation has been denied. In the absence of such investigation, the opinion expressed in the *Cincinnati Lancet and Clinic* by Dr. T. W. Gordon, of Georgetown, Ohio, who is familiar with the insti-

tution in question, will be regarded as reasonable: "A bevy of girls just ready to bud into womanhood, with the ordinary surroundings of a school that had been used for years, growing up from small beginnings without any *thorough* knowledge of the laws of hygiene, where the teachers were such as would ordinarily be found in an institution of the kind, would, it seems to me, be the very pabulum for anything or action (like that in this case) to develop, if only a seed were sown." "That there may be some cause (aside from a namby-pamby sympathy) which has had a tendency to lower the tone of the pupils physically, I doubt not. I have for years heard that very few, if any, of the pupils of the Ursuline Convent ever menstruated while in attendance at the school." "A single case of chorea, a mysterious and obtrusive sympathy, a whispering wonder, recurring from room to room, with just enough secretiveness not to hide, extraordinary attention to the afflicted, and a degree of carelessness in regard to others, in such a community, with just such surroundings, ought to develop any initiative disease or condition in which nervous, semi-hysterical developing womanhood could participate."

The causes here hinted at, it is to be feared, are not confined to the Brown County Ursuline Convent, but apply with greater or less force to female boarding schools in general.

Chian Turpentine as a Cancer Cure.

Cundurango was not the first agent put forward under the auspices of reputable physicians as a remedy for cancer, and it is not the last. Its reputation was brilliant but very short lived, and with the memory of its fate and that of its introducers so green it would scarcely seem possible that any one with a reputation to lose would risk it on an article of even doubtful value. Professor Clay, of Birmingham, England, in a recent paper in the London Lancet claims that Chian turpentine has been attended with highly satisfactory results in the treatment of cancer. That a remedy which has so long been in the hands of the profession and used for so many purposes, chiefly with its local effects in view, should suddenly be found to have systemic effects of such a nature, and sufficiently active to effect a cure of that most incurable of affections, cancer, seeems almost incredible. Professor Clay's position with the English profession will be sufficient to induce his brethren to speedily put his views to the test. In making these tests it is necessary to be assured of the genuineness of the turpentine. As a matter of fact it is by no mens an easy matter to be thus assured. The difficulties in the way of securing Chian or Cyprus turpentine have led to the substitution of Canada and Venice turpentine for this article. Dr. Clay found these more common turpentines to have few or none of the beneficial effects of the Chian variety.

The turpentine is reported to act on the periphery of the cancer growth with great vigor, causing speedy disappearance of what is usually termed the cancerous infiltration, and thereby correcting the further development of the tumor. It appears, it is said, to dissolve the cancer cells, leaving the vessels to become subsequently atrophied, and the firmer structures to gain a comparatively normal condition. It is also claimed to be a most efficient anodyne, causing an entire cessation of pain in a few days.

The cases on which this report is based were four in number, and all occurred in the female generative organs, although others were at the time of the report under the same treatment and observation. The remedy is given in doses of six grains three times a day.

Board of Health Certificates.

The Michigan State Board of Health at its meeting on July 14th, prox., will examine such applicants as may present themselves, on their knowledge of sanitary science, and will give to such as pass a satisfactory examination certificates to that effect. The object of these examinations, which our State Board of Health with its characteristic alertness is the first to institute, is to secure to local boards competent officers. While the State Board is a model after which other states have copied in organizing their Boards of Health, it is patent that it has been seriously cumbered by the inefficency of local health officers. These officers are too largely appointed rather because of their political influence than because of any special aptitude for the duties of the office, and the consequence is precisely what is always to be expected under such circumstances. In our city a late health officer was in office a full year without having been once heard of in connection with sanitary matters. His appointment was a broad farce, and was generally so regarded. The central board to achieve the full measure of its usefulness must be ably seconded by local officers, and to that end those local officers must have special training. We are of the opinion that the series of examinations referred to will result in a material betterment as regards the efficiency of local boards. With the influence of the State Board at their back, the possessors of the certificates will be generally appointed to the responsible positions in the local boards.

It is expected, of course, that the applicants for certificates at the coming meeting will be mainly, if not exclusively, physicians, and we hope to be able in our next issue to report a schedule of the subjects on which the examination will be made.

We beg to acknowledge the receipt of Messrs. Wm. Wood & Co.'s invitation to a ride on the steamer "Grand Republic" on the occasion of the meeting of the American Medical Association in New York city. The invitation card is very artistic, reflecting the taste of this enterprising medical publishing house.

Miscellany.

A Grave Error.—In Bartholow's Therapeutics, third edition, page 568, the following treatment of cholera infantum is recommended:

℞ Plumbi acetat..... ..... grs. xxiv
Pulv. opii..... ... grs. xij
Pulv. camphoræ ..... 3 ss
Sacch. alb., q. s.
Fiat pulv., No. xij.

Sig.—One every hour. Also acetate of lead and morphia as enema.

One dose would send the little sufferer to "that bourne from whence no infants ever return."

A. G. Craig, M. D.

Vevay, Indiana, June 5th. 1880.

[We have not the edition referred to before us. In previous editions the prescription is given for *cholera infantum diarrhœa*. The recommending of it for cholera infantum is doubtless an error; it will, at least, very fortunately, be regarded as such by those who may read it. The only excuse for its occurrence in a work of this nature is that it is too palpable to be likely to mislead the intelligent practitioner.—Ed.]

Napoleon and Josephine.—We should be pleased to receive light from any of our readers on the interesting question here raised by our correspondent:

"Considerable interest is being manifested here concerning Napoleon, on account of the revival of the literature of his time, notably 'The Memoirs of Madame de Rémusat.' The question has frequently come up, 'Why did Josephine never have any children by Napoleon—both having had children by others?' This being purely a medical question, I have been asked to answer. I had to 'pass,' and now ask you to answer, or refer me to the literature concerning it, for there must be something about it, as it was not simply a domestic or family question, but a political one. Couldn't you give a short paragraph in the next number of the News? By so doing I presume you would oblige many other subscribers beside myself.

F. L. Bardeen, M. D.

30½ Meigs St., Rochester, N. Y.

Duration of Human Life.—The following natural divisions and natural durations for the whole life of man are proposed: The first ten years of life are infancy; the second, boyhood; the third, first youth; the fourth, second youth. From 40 to 55, first manhood. From 55 to 70, second manhood. And this period of manhood is the age of strength, the manly period of human life. From 70 to 85, first old age. From 85 to 100, second old age. These deductions are made from a careful study of the question, with all the aids derivable from a thorough knowledge of the sciences of anatomy and physiology. It is not claimed but what these divisions will vary in different individuals, and overlap each other, in the same one; but that they are as correct as such a general truth can be stated we verily believe. These limits are not so arbitrary as they may seem at first sight. At 10 years of age the second teething is complete and infancy ought to end; at 20 the bones no longer increase in length, and boyhood naturally ends; at 40 the body ceases to increase in size, and youth ends, and so on. After 40, whatever increase there may be of the body is in fat; and, instead of increasing its strength and activity, this latter growth weakens the body and retards its motion. When the growth ceases absolutely, the body rests, rallies, and becomes invigorated. This period of internal invigoration is the first manhood, and lasts fifteen years, and maintains itself fifteen years longer, when the period of old age begins.

Female Physicians in England.—Owing to some unaccountable reason female physicians are not as yet regarded with very kindly feelings by the English, and in individual instances the prejudice against them among the gallant male bipeds has been carried to ridiculous extremes. At a recent election of medical officers at the National Hospital for Paralysis and Epilepsy, in London, the trustees of the hospital subordinated the interests of the institution to the gratification of this unreasoning prejudice. A Dr. Allen Sturgis had devoted himself for five years to the work of the hospital, and he was unanimously recommended by the medical staff to the position of senior assistant physician. The doctor, however, had married a lady of his own profession, and the trustees seemed to think that this act incapacitated him for a position on the hospital staff. He was, therefore, refused the position. Great indignation is expressed among his medical friends.

White Precipitate Ointment in Pruritus Scroti.—Our readers will recall the inquiry of Dr. Henderson, of Mill Shoals, Illinois, through the News for a remedy for an obstinate case of pruritus scroti which had resisted all remedies that suggested themselves to his mind for its relief. Of the additional remedies to which his attention was directed through this inquiry, the doctor writes us that an ointment of white precipitate, one drachm to four ounces, has proved the most successful, it having brought prompt and apparently permanent relief. The first effect of this ointment was to cause an eruption of small pimples after which the intense itching ceased, and though the application was made last November the trouble has not yet returned.

Delicate Test for Albumen.—Siebold has introduced a modification of the heat test which is adequate to the detection of albumen under conditions in which its presence might be completely overlooked. The following is the author's own account of the manner in which the test is to be applied:

"Add solution of ammonia to the urine until just perceptibly alkaline; filter and add diluted acetic acid very cautiously until the urine acquires a faint acid reaction, avoiding the use of a single drop more than required. Now place equal quanties of this mixture in two test tubes of equal size, heat one of them to ebullition and compare it with the cold sample contained in the other test tube. The least turbidity is thus distinctly observed, and gives absolute proof of the presence of albumen."

THE SWALLOWING OF A SAFETY PIN.—Dr. H. L. Ambrose, of Rockport, Indiana, reports the following: Mr. T—— called at my office on the evening of March 15th, and in a manner that betrayed his anxiety took from his pocket a safety pin, used, as any one may know, for the purpose of staying the underclothing of children, and putting this question: "Dr., is it possible that my babe could have swallowed such a thing?" I took the pin and examined it carefully, it being about an inch long and open from the clasp, in which condition, he said, if at all, the child must have swallowed one precisely like it.

An hour previously, while his wife was changing the clothing of the child, it turned suddenly sick, vomited and struggled some. This would not have aroused her suspicions only for the fact that one of the pins was gone and could not be found anywhere, even after diligent search. I quieted his fears as best I could, by affirming positively my belief that a child of a year's age could not have swallowed such a pin without very considerable struggling and choking. He informed his wife of my opinion, and she became satisfied herself, as the babe showed no further signs of distress, that it was all a mistake. All went well for two days, when, to our utter astonishment, the child passed the pin, per rectum, open, as it had been swallowed, with no suffering then or since.

Let the baldheaded man rejoice, and him that hath no hair on the summit of his cranium be exceeding glad, for whereas it was once thought an infirmity to be destitute of the "crown of glory," we now have the authority of Prof. Fournier for the statement that there is nothing ridiculous or malformed in baldness, but that it confers upon the physiognomy an expression of wisdom, experience and venerability; that it adapts itself marvelously to certain heads which would be deformed by a wig, and is the severe beauty represented in sculpture by the classic head of Æschylus.

One of the most remarkable cases of double reflex action on record, has recently been reported. The wife has the hysterics because her husband drinks, and the husband drinks because the wife has the hysterics.

The *N. Y. Record* is responsible for this: "What is the difference between a man and a woman? Answer, Vas deferens."

The *Medical Times and Gazette* tells of a young American who had been sent to Paris to study medicine. After a year his father paid him a visit, and the young man paraded him through the city pointing out to him the architectural lions. Finally they halted before a many-pillared building. "What is that lordly pile?" asked the old man. "I don't know," replied the youth, "but there's a sergeant-de-ville." They crossed over and put the question. "That, gentlemen," said the official, "is the medical school."

Much sexual excitement on the part of the male and comparative female coolness, results in female offspring; much sexual excitement in both sexes during the act, and we have a male. The *Boston Medical and Surgical Journal* says a Texas cattle breeder, by high feeding of the male and low feeding of the cow for some time previous to coition, and again by feeding both liberally, has been able successfully to predict the sex in all of the fifteen or twenty experiments he has made.

With characteristic enterprise the *Medical Record* issued daily editions during the late meeting of the American Medical Association. This, we believe, is the first time any medical journal has shown such enterprize, in this country, at least, but the success of the plan will make the Association very loath to dispense with it at future meetings.

The *Medical Tribune* says diploma selling is not a "yankee notion." Scotland, it says, formerly vended doctorates and baccalaureates for "five poons" or so, and "Edward Jenner, now famous in the annals of vaccination, held a purchased diploma." Is this possible!

In the notice we gave of "Homœopathy—What is It?" in our last issue, we stated that the price of the book was $1.00. This was a mistake. The price is $1.25, and cheap at that.

Kangaroo tails is the latest material out of which it is proposed to make a ligature to substitute that now prepared from the intestine of the cat.

Book Notices.

THE PRINCIPLES AND PRACTICE OF GYNÆCOLOGY. By Thomas Addis Emmet, M. D., Surgeon to the Woman's Hospital of the State of New York, etc.. etc. Second edition, thoroughly revised with 133 illustrations.
Philadelphia: Henry C. Lea's Son & Co. Detroit: E. B. Smith & Co.

The appearance of the second edition of this model work on gynæcology so soon after the issue of the first edition would seem a sufficient attestation of merit. Few works given from the medical press and treating on a subject with which all of the profession find it necessary to be familiar, and in the practice of which there are so many specialists, have been received with so much favor. It seemed as if the standard works which had preceded it had given us all attainable knowledge on this subject. Dr. Emmet's work, however, notwithstanding the existence of the many other admirable works, has been

received with unusual favor. The name of the au thor was of itself suffieient to seeure a goodly sale of the book, but an examination of the work speedily sufficed to seeure for it that whieh the author's name alone, illustrious though it be, was in itself unable to achieve. "Emmet on Gynæcology," though searcely a year before the profession, has taken its stand among the first of all the works on the subject. It is essentially an original work, inasmueh as it contains nothing whieh the author's own praetical experience does not enable him to voueh for.

In noticing the first edition, less than a year ago, we took oeeasion to point out the speeial excellenees of the work. In the present edition the author has revised every page and has weighed well the criticisms of his reviewers. The result has been such an improvement as conseientious critieism has suggested. The size of the book has not been materially inereased over that of the first edition, although much new matter has been added, the room for which having been provided for by condensation of several chapters in the first edition. It is but a faint reeommendation of this work to say that no physieian alive to the progress of this important branch of medicine can afford not to have it in his library.

A Treatise on Oral Deformities as a Branch of Mechanical Surgery. By Norman W. Castle, M. D. S., D. D. S., President of the Board of Censors of the State of New York, late Dean of the New York College of Dentistry and Professor of Dental Art and Mechanism. Member of American Academy of Dental Science, of the Odontological Soci ety of Philadelphia, and the Odontological Society of New York, etc., etc., with over 350 illustrations.
New York: D. Appleton & Co. Detroit: E. B. Smith & Co.

The author tells us in the preface that this work was begun ten years since, and in its substantial features was ready for the press some years ago—publication was deferred in order to make the whole more essentially complete. He has now brought it out under the realization of the fact that it is useless to wait until a reversal of opinion on some topies is rendered impossible. As far as our knowlege goes this is the only systematic work on the subject of whieh it treats, in the language. It is divided into five parts eontaining twenty-one ehapters. An enumeration of the titles of these chapters will give our readers a tolerably eomprehensive idea of the scope of the work. The first part treats of irregularities of the teeth. The chapters under this head are on etiology, eorrelatiou of irregularities to idiocy, diagnosis, physiological, and pathologieal meehanieal forees used in regulating teeth, impressions and models of eases from praetice in regulating teeth. Part second treats of palatine defects—under the head of the ehapters, congenital and aequired lesions, history of obturators, applianees for aequired palatal lesions—history of artificial vela, treatment of eongenital fissure of the palate, method of making artifieial palates, introduetion and use of artifieial vela, bueeal and nasal prothesis. Part three treats of maxillary fractures. Part four treats of the meehanism of speech, under whieh head are diseussed the physics of sound and the formation of vowels and eonsonants. Part five treats of the æstheties of dentistry in two ehapters, one on art culture required in dental protheties and the other on the anatomy and physiology of expression.

The work strikes us as being sueh a one as is indispensable to the dentist, while the surgieal part is such as the general praetioner eannot fail to be interested in. The ehapter on buceal and nasal prothesis is a very valuabld and instructive one, particularly in so far as it treats of rhinoplasty and other plastic operations.

A Practical Treatise on Sea-Sickness, its Symptoms, Nature and Treatment. By George M. Beard, A. M., M. D., Fellew of the N. Y. Academy of Medicine and of the N. Y. Academy of Sciences, etc., etc.
New York: E. B. Treat, 757 Broadway.

This is the latest work given from the pen of that versatile writer, Dr. Beard. A peeuliarity of the work is, that it is not based upon mere theory, but is drawn from the aetual experienee of the author on both long and short voyages and in different elimates. The point of the peeuliarity eonsists in he enunciation of the theory that sea-siekness is at functional disease of the nervous system. It is upon this hypothesis that the treatment is based. The symptoms and sequels of this distressing affeetion would seem to furnish eonvineing arguments in favor of the hypothesis that it is a nervous disease and certainly if the remedies recommended, should prove on actual trial to be successful, they furnish in themselves additional eonfirmation of the theory. These remedies are such as are ordinarily preseribed for their influenee on the nervous system, namely: atropine, caffeine, cannabis Indiea and hydrate of ehloral. There are few diseases in whieh more remedies have been reeommended than in sea-siekness. One of the remedies whieh has within a few years been lauded by high authority, has been the nitrite of amyl. The London Laneet has been for some years filled with encomiums of this remedy by ship surgeons, who, it would seem, have had ample opportunity to test it and who ought to have learned, says Dr. Béard, by their own observations and study, that of all remedies for this disease, it is one of the greatest failures. It is needless to say that the author thoroughly condemns its use. Rules are given for the hygiene of sea-siekness, against the taking of eold at sea and diet in sea-sickness. It is sueh a work as those that "go down to the sea in ships" should carry in their inside poeket, the size of the book being adapted to such a reeeptaele.

A Text Book of Physiology. By M. Foster, A. M., M. D., F. R. S., Prælector in Physiology and Fellow of Trinity College, Cambridge. Frst American from the third revised English Edition, with notes and additions by Edward Reichert, M. D., Demonstrator of Experimental Therapeutics, University of Pennsylvania, with 259 illustrations.
Philadelphia: Henry C. Lea's Son & Co. Detroit: E. B Smith & Co.

Foster's Text Book of Physiology has been distintinguished in England as a lucid exposition of the science in its modern aspect.

It is what might be termed an advanced book of physiology — its plan presupposing an acquaintance with the more elementary subjects which occupy such a large space in other text-books of physiology. The absence of these details in the English edition has rendered the work somewhat incomprehensive ; this has, however, been supplied by the American edition and the work thus throughout adapted to both the student and the advanced physiologist. The researches in physiology during the past decade have been remarkable for their number and depth and the task of compressing these into a work of a thousand small octavo pages, must strike any one as very difficult, if at the same time clearness and comprehensivenesss is aimed at. The American edition of this work successfully accomplished this task. A thorough review of a work of this nature, would require more space than we have to devote and we must content ourselves with the statement that it is a work which the American profession will find to justify the lavish praise which has been conferred on it by their transatlantic brethren.

A Practical Hand-Book of Medical Chemistry, applied to clinical research and the detection of poisons, partly based on Bowman's Medical Chemistry. By W. H. Greene, M. D., Demonstrator of Chemistry in the Medical Department of the University, editor of Wurtz's Elements of Modern Chemistry, etc.
Philadelphia : Henry C. Lea's Son & Co. Detroit : E. B. Smith & Co.

The value of a work of this nature to the practical physician is manifest ; his professional engagements preclude the possibility of his being thoroughly versed in chemistry. That he should be either thus versed, or have beside him some valuable hand-book on physiological chemistry is yearly being rendered more necessary by the advances which are being made in this science. The importance of the connection of chemistry with the practice of medicine will be conceded by the advanced physician. This work is peculiarly adapted to such. It is divided into three parts, the first of which is devoted to the organic proximate parts taking part in the animal economy, the second to the analysis of the secretions, excretions, etc., and the third to the detection of poisons. An appendix treats of volumetric analysis, the preparation of normal solutions, the formation of carbonic acid gas, free and combined in water, the formation of ammonia, the formation of combined acid in neutral salts, standard solutions and weights and measures. The work is eminently adapted to the end for which it is written.

A System of Medicine. Edited by J. Russell Reynolds, M. D., F. R. S., F. R. C. P., London, Fellow of the Imperial Leopold Carolina Academy of Germany, Fellow of University College, London, etc., etc., with numerous additions and illustrations by Henry Hartshorne, A. M., M. D., Fellow of the College of Physicians, Philadelphia, formerly Professor of the Practice of Medicine in the Medical Department, Pennsylvania College, and Physician to the Episcopal Hospital of Philadelphia, etc., etc. Three vols. Diseases of the Digestive Blood, Glandular, Reproductive and Cutaneous Systems.
Philadelphia : Henry C. Lea's Son & Co. Detroit : Macauley Bros. Sold only by subscription.

This is the third volume of this encyclopœdic work, and completes the set. Thus far, we are assured, the sales of the work have exceeded those of any other such comprehensive work in this country. In some States as large a proportion as eighty per cent. of the physicians have subscribed for it, and certainly the remaining twenty per cent. must have reasons not connected with the work itself for not adding it to their libraries. For conciseness and comprehensiveness in the treatment of all the subjects embraced under the head of "Practice of Medicine," there is no work in the English language, or in any other language, for that matter, which equals, much less excels, Reynolds' system. Each volume contains a complete index—a feature which those who may have encyclopœdic works of medicine not containing this index can fully appreciate.

Original Articles.

Diabetic Cataract, Iritis, Etc.

A Clinical Lecture Delivered at the Michigan College of Medicine by C. J. Lundy, M. D., Prof. of Clinical Diseases of the Eye, and of Diseases of the Ear and Throat.

(Reported by A. Thuener M. D., Assistant Surgeon to the Michigan Free Eye and Ear Infirmary.)

Ladies and Gentlemen :—The first patient whom I present to you is Mrs. H., æt. 51, who comes to consult me from the southern part of the State. She has cataract in both eyes, and her case presents many points which should greatly interest you, not so much on account of the cataract, as on account of the condition of the system which has caused the cataract. By the term "cataract" is understood an opaque condition of the crystalline lens, which prevents, to a greater or lesser extent, the passage of rays of light to the fundus of the eye.

There are several forms of cataract, and based upon some condition peculiar to each form, we have a variety of names for the affection, although the chief element in all cases is a loss of transparency in the lens substance. The cataract may be hard or soft, and this depends on its consistency. Soft cataract is found in young people while hard cataract occurs in old people, on which account it is also termed senile cataract. The form of cataract which exists in our patient is essentially the same as the senile cataract, although it depends upon a condition of the system which in young people is a cause of soft cataract.

Cataract may be general or partial—general if whole lens is involved, and partial if the opacity is limited to a portion of the lens. In our patient it is general for the opacity involves more or less completely the whole lens. Cataract may be congenital or acquired, and the traumatic cataract belongs to the latter class. In the case before you it is

acquired. Cataract may be either primary or secondary—primary, if it occurs independently of disease in other portions of the eye, and secondary if it depends on some intraocular disease. In the case under consideration, the cataract is primary, although it is secondary to the systemic disease. Then there is a lare number of special forms of cataract, so to speak, such as nuclear, cortical, lamellar, polar, etc., etc., which I shall not take the time to describe, for this is not a lecture on cataract and besides they have no particular bearing upon the case under consideration.

The history of this case is as follows: Till nine years ago this patient enjoyed good health. About that time she was delivered of a living healthy child, but did not recover from the effects of labor as quickly as usual. She was thirsty all the time and drank large quantities of water. She does not remember whether she passed an unusual amount of urine, but I have no doubt she did. One year after that time she was voiding the enormous quantity of twenty-four quarts of urine daily, or about one quart every hour. The urine was found to contain sugar, and it has contained sugar constantly since that time.

During these eight years she has lost eighty pounds in weight, and as you see she is now very feeble. For the past couple of months her condition has been worse than usual, although she is now voiding only about eight or ten quarts of urine daily. Her appetite is still good although she frequently suffers from disturbances of the stomach, and complains of a peculiar "fluttering" sensation in that region, which is attended with a feeling of faintness. The heart's action is very feeble, and there is a cardiac murmur which, in my opinion, is due to anæmia, and the pulse is irregular and intermitting. The skin is dry and harsh as is usual in such cases. Although I have determined the presence of glucose in the urine by means of the sulphate of copper and the liquor potassa test, no quantitative analysis has been made. I shall request Prof. Clark, whom I see is present, to make this quantitative analysis for you and explain to you its chemistry. [Prof. Clark. after making some remarks on diabetic urine, examined the specimen of the patient's urine and found its specific gravity to be 1040, and that it showed abundance of sugar according to Fehling's test. The quantitative analysis was not made during the lecture—Reporter.] Now what is this strange disease? It is diabetes mellitus, and the cataracts are the kind commonly called, in such cases, diabetic cataract. Her vision began to fail between three and four years ago, and for a year and a half she has been unable to read. At the present time vision is very poor, and she can scarcely count fingers at a distance of one foot.

As you examine her eyes you will observe that the back of the pupil is occupied by a grayish mass, and that the pupil does not present that black appearance which it does in the normal eye. The crystalline lens, which was once so transparent that almost all the rays of light falling upon it passed through unobstructed, has now become opaque and reflects back most of these rays, and hence you will see it as a grayish body occupying the back of the pupil. This opacity of the lens is cataractous, and is doubtless the result of disturbed nutrition within the lens, and in such cases sugar has been found not only in the urine but also in the lens substance as well as in every fluid and tissue of the body. To determine the presence of cataract it is advisable to examine the suspected eye by oblique or focal illumination, and also with the ophthalmoscope. Having made your diagnosis what will be your prognosis in such cases as this? As regards the general course of the disease (diabetes) it cannot be favorable, and especially is this true of young subjects. As regards the eye and the prospects of the successful extraction of the cataract, much will depend upon the general health and condition of the patient. If his general health is still good, and if by a proper diet you can diminish the quantity of sugar and urine excreted, an extraction of cataract may be made with a certain degree of safety. Indeed, Wecker, of Paris, maintains that the diabetic condition need not be taken into consideration before extraction of cataract, and he cites two cases in support of his argument. But in the cases upon which Wecker operated there was no impairment of the general health, and one of them was in good health ten years after the operation, while the other asserted that he never felt better than at the time of the operation.

In the case of our patient, I do not deem it advisable to perform an operation for the extraction of cataract at the present time. There is an irritable condition of the eye and a hypersensitive condition of the retina, for notwithstanding that the cataracts obstruct most of the light she cannot look at a lamp, gas jet, or other bright light even for a moment without distress. However, I do not think there is any retinitis, for the field of vision is good in all directions for each eye as tested with the candle in the dark room. In making the examination with the opthalmoscope and by means of oblique illumination, I caused much pain in the eyes, which pain extended to the cervical portion of the spine, and the patient was well nigh exhaustad although the examination occupied but a few minutes.

At present her general health is poorer than it has been for a long time. Then she is extremely feeble, and is not in a fit condition to undergo an operation of any kind. Cataract operations in such subjects are liable to be followed by suppuration of the corneal wound and this process may involve the whole cornea. We know that in diabetic patients there is a tendency to inflammatory troubles, and, in the case of our patient, this point is well worthy of consideration. My advice, then, would be to improve if possible the general condition and strength of the patient and check this enormous elimination of sugar from the system. If these can be accomplished I would first perform an iridectomy, that is, remove a portion of the iris, as is done for artifical pupil when made upwards, or as in the first

step in cataract operation, and in the course of some weeks or months afterwards, I would, if all things were favorable, extract the opaque lens. By thus dividing the operation, as it were, you lessen the liability to inflammation, and enhance the probability of success,

ACUTE IRITIS.

Case 2. The next patient is Thomas L., æt. 25. One week ago, after exposure to cold from a draft of air blowing over him at night, his right eye became sensitive to light and the tears began to flow quite freely and vision was blurred. This photophobia and lachrymation were soon followed by pain which became so severe as to prevent sleep for four or five nights. He presented himself at the infirmary yesterday, where some of you saw him, when the case was diagnosed as acute plastic iritis. By iritis you will understand that there is an inflammation of the iris. On account of certain pathological differences, pathologists describe the acute idiopathic inflammations of the iris under three heads, viz.: serous iritis, which is rare; plastic iritis, which is most common; and purulent or parenchymatous iritis. Although it will not always be an easy matter to follow this classification clinically, yet it answers well enough. As you examine this patient you will observe a general congestion of the eye, and especially a zone of congested ciliary vessels behind the corneo-scleral junction. By oblique illumination you will see that the iris is discolored, and the pupil is irregular and immovable, and that in the lower and inner quadrant of the pupil there is a deposit of plastic lymph, or what Alt would denominate as "fibrinous coagulum." He tells us that the vision of this inflamed eye is poor, and you will observe there is great intolerance of light, and that exposure to light causes a copious flow of tears. Although his pain is not so great as it was yesterday, yet it is tolerably severe. It is not confined to the eye, but extends over the brow and side of the head and down the side of the nose—in a word it follows the distribution of the first division of the fifth nerve. The patient is a robust, healthy, temperate man, and he never has had either syphilis or rheumatism. This is his first attack of inflammation of the eye. There can be but little doubt that the exposure to cold was the exciting cause of this attack of iritis. Notwithstanding that a four grain solution of sulphate of atropia has been used five or six times in his eye within twenty-four hours, there is scarcely any dilatation of the pupil. This is due in part to the inflamed condition of the iris, but more particularly to the results of the inflammation, *i. e.* to posterior synechia. By posterior synechia I mean an attachment of the iris to the capsule of the lens. This posterior synechia is one of the most frequent of the bad results of iritis, and one that should be prevented if possible. Its occurrence often leads to serious trouble and occasionally to loss of the eye. Now how shall we treat such cases? First, the eye must be placed at rest. Rest is important in the management of all inflamed organs, and to this the eye forms no exception. Rest can be secured by paralyzing the muscle of accommodation and by shading the eye from the light. The pupil should, if possible, be quickly dilated, and for this purpose you may use a four grain solution of sulphate of atropia or a two grain solution of sulphate of duboisia. Of either of these solutions you may put a few drops in the eye every two or three hours. If the pupil dilates the blood vessels must of necessity contract, and the severity of the inflammation will be modified. The dilatation of the pupil also prevents adhesion of the iris to the capsule of the lens. Even if adhesion has taken place you can frequently break it up by the vigorous use of mydriatics, as will be illustrated in the next case. Aside from the therapeutic value, atropia and duboisia are valuable anodynes and will greatly relieve the pain in such cases. Two or three leeches may be applied to the temple with advantage in such cases, and their use is indicated if the pain is violent and the course of the inflammation is severe. The internal administration of mercury may be resorted to with advantage in all forms of iritis, but if the exciting cause is syphilis the mercurial should be given freely. Other constitutional taints should receive appropriate treatment. If the posterior synechia becomes complete the performance of an iridectomy would be indicated after the severity of the inflammation has subsided.

SIMPLE IRITIS WITH CORNEAL ULCER.

Case 3. The next patient is Herman W., æt 40, cabinet maker. You see he is a pale, thin, anæmic individual, quite unlike the last patient. Although not strong or robust he has enjoyed fair health and has never had syphilis and is not rheumatic. He had an ulcer on the cornea four years ago which has left a small white scar or leucoma. Abut six days ago he took cold while at work in the Pullman car shops. He was working beside an open window through which a stiff breeze was blowing and to which the affected eye was exposed. In the course of a day or two the eye became irritable and painful, there was much dread of light and the tears flowed profusely. When he came under observation two days ago, a small point of infiltration was noticed in the center of the cornea, there was well marked ciliary injection, both of the deep and superficial vessels, the iris was somewhat discolored, the pupil was inactive, and there was an attachment of the iris to the lens capsule at the upper and inner quadrant of the pupil. Several of you saw him yesterday at the Michigan Free Eye and Ear Infirmary when the pupil was somewhat dilated but it still was adherent at a small point. The epithelial layer of the cornea had disappeared over the point of infiltation, and all the characteristics of a superficial ulcer of the cornea were present. To-day you will observe that the pupil is well dilated, that it is round and regular, and that I have succeeded in tearing loose the posterior synechia. The small corneal ulcer presents no observable change since

yesterday. Iritis is sometimes secondary to corneal inflammations, but in this case I think the corneal trouble would not be likely to cause it, for the ulcer is small and superficial. Internal treatment has consisted of one-sixteenth of a grain of bichloride of mercury and one drachm of the compound tincture of cinchona thrice daily. Atropia sulphate has been used frequently, and in the course of a few days I shall dust a little calomel into the eye on account of the ulceration of the cornea, and in the mean time shall continue the atropia.

INTERSTITIAL KERATITIS WITH IRITIS.

Case 4. The next patient is J. W., æt. 8. She is a scrofulous child, and although her corneal affection would make me suspect inherited syphilis, yet I cannot detect evidence of it. As you see the right cornea presents a diffuse cloudiness, although this is less dense than it was. You also notice the rosy zone of congested ciliary vessels behind the corneo-scleral junction, the manner in which she shrinks from the light and the copious flow of tears. There is also an adhesion of the iris to the capsule of the lens, which I think can be easily broken up for it is limited in extent, and the corneal trouble is getting better. I think the corneal inflammation was undoubtedly the exciting cause of iritis in this case. The treatment should consist in the use of atropia to prevent complete posterior synechia and to tear loose synecha already formed, if any exist ; the administration of cod liver oil and tonics, and the use either of calomel or the ointment the yellow oxide of mercury (hydrarg. oxid. subflava gr. vj, vaseline ʒ ss) in the eye once daily. If iodide of potassium is administered internally it were better not to use mercurials in the eye. At best these cases are slow and tedious.

STRABISMUS CONVERGENS.

Case 5. The patient is master Charles M., æt. 8, whom I operated upon before you some two weeks ago. I bring him before you to show you the perfect result of the operations. You remember that the squint was of high degree, and that it was necessary to sever the internal rectus of each eye. Now that the squint is fully corrected, he should be examined for spectacles and the hypermetropia, which was the prime cause of this squint, should be corrected by suitable convex glasses.

Case 6. This little patient you have seen before. You remember that I severed the internal rectus of the right eye for convergent squint, and that I told you she would undoubtedly need an operation on the other eye. To-day the right eye is straight, but the other is not so ; and in order to enable the usual axes to assume a correct position and thus avoid double images, the internal rectus of the left eye must be snipped.

Cerebral, Spinal and Cerebro-Spinal Sclerosis.

A CLINICAL LECTURE BY HORATIO C. WOOD, M. D.

(Special Report for the MICHIGAN MEDICAL NEWS.)

Sclerosis is a chronic inflammation of the neurog lia. Multiple sclerosis occurs in little spots, or nodules, and may affect the brain alone, or the cord alone, or both brain and cord. There are thus three forms of multiple sclerosis—cerebral, spinal and cerebro-spinal.

Multiple cerebral sclerosis is comparatively rare, and its symptoms are exceedingly obscure. It usually begins with severe, irregular pains in the head, with paralysis and tremors ; with epileptiform attacks and marked mental deterioration; with failure of memory, etc. The most common symptoms are loss of power with tremors. The severer symptoms mentioned above are only marked in rare cases. In multiple cerebro-spinal sclerosis the tremors are at first only excited by voluntary movement, but finally they become persistent. According to some authorities where the spine only is affected there are no tremors. The tremors are constant where the brain only is affected. There is palsy always present in all of the three forms. This palsy is incomplete at first, but gradually produces entire loss of power. In the spinal form the palsy is the main symptom. In many cases there are periodic convulsive movements of the limbs. In multiple spinal sclerosis the symptoms become more and more severe, until they finally culminate in tonic contractions of the muscles of the hands and legs. Multiple spinal sclerosis may affect either the anterior or posterior columns of the cord. The etiology of these scleroses is exceedingly obscure. In some instances they are brought on by exposure to wet and cold. In many reported cases the inception of the disorder dates back to some mental strain, or overwork.

I am able to-day to present you with a case illustrating each of the three forms of sclerosis to which I have just called your attention.

Case 1.—D. M., born in Germany, dates the beginning of his disease back to 1875, when he overstrained his wrist in piling bricks. Immediately after that time the part began to tremble, and in one year the whole limb was involved. He was admitted to the wards in March of 1879. A few months ago the tremors extended to his whole body. These tremors are constant, and are very much aggravated by any excitement or the least physical exertion. In this case there was palsy of the right arm before the appearance of the tremors. The patient generally has a bad headache when he gets up in the morning, and is very easily fatigued. There is no failure of memory as yet, and his eyesight is not affected. In some cases there is constant twitching of the eyelids. I cannot say positively whether or not this man has tremors while asleep. He has no difficulty in getting up and down stairs. He can go down stairs without the assistance of the baluster. There is no "festination" in this case. It is an example of multiple cerebral sclerosis in which the tremors are constant. This man, unfortunately, is beyond all treatment. The disease was evidently brought on by exposure.

Case 2.—An Irish sailor, æt. 30. Has had syphilis and gonorrhœa frequently. First noticed the tremors one very rough day at sea when he was in the rigging. These tremors are only excited by

physical exertion, such as walking, etc. (In neither of these cases has there been any trouble with the bladder.) This man has festination very markedly. He says that he feels as if some one were constantly pushing him forward as he walks. He has a continual, irresistible tendency to go forward until he falls into a regular run. He can go up stairs alone, but in going down stairs he has to take hold of the baluster to keep himself from falling. This is a case of multiple cerebro-spinal sclerosis. It presents, as you have, no doubt, noticed, many of the symptoms of locomotor ataxia. The disease in this case is no doubt the result of syphilis.

Case 3.—A lumberman by trade, and married. Has always enjoyed good health until five years ago, when he noticed some stiffness in the muscles of his legs, and gradually began to lose power in his left leg. One year ago his right leg also became affected. His appetite and general health at present are good. He has been a hard drinking man for the past twenty-five years. He gets tired very easily—has not been able to do any work since last November (1879). There is no pain in his legs.

Is this cerebral or spinal disease? Evidently spinal, because only the lower limbs are affected. In cerebral disease affecting the limbs there is generally either hemiplegia or complete palsy of all the limbs. I have never seen a case of cerebral paraplegia. There is no headache, no irritability of disposition, and no loss of memory here. The case is chronic and not acute. It is in all probability a form of chronic inflammation of the cord. Tremor of the cord is exceedingly rare, and the symptoms in this case are not those of spinal tremor.

This may be a condition following excessive venery. In spinal exhaustion from excessive venery there is a progressive loss of power without spasm. In cases of chronic inflammation of the cord the inflammation may attack either the cord itself or its membranes Is this a case of spinal meningitis or of inflammation of the cord itself? The meninges of the cord are comparatively devoid of sensation. In spinal meningitis the outside of the cord is affected. Spinal meningitis makes itself felt in the nerve roots. Paralysis is not necessarily one of the symptoms of spinal meningitis. Here there is permanent contraction of the muscles as in spinal meningitis, but there is no complaint of pain. This is evidently not a case of spinal meningitis. Other than the above disease there is but one form of inflammation of the cord, and that is sclerosis—generally multiple sclerosis. There is, indeed, a subacute form of spinal meningitis, which runs through its course in a few months, but this is plainly not that condition.

This case is interesting because of the entire absence of tremors. Hammond states that he never knew of the occurrence of tremors where the spinal cord alone was affected. Here the trouble is purely spinal. Multiple spinal sclerosis generally runs a very protracted course. This is an excellent type of the disease. Progressive loss of power and persistent rigidity are the two most pathognomonic symptoms. This man cannot walk at all over rough roads. It is is a great effort to him when he attempts to raise his foot. A time will come, unless the disease is stopped, when it will be impossible for him to raise his foot. In most cases of multiple spinal sclerosis some one group of muscles is affected more than others. All the muscles, however, become in time affected. In tabes dorsalis and locomotor ataxia the genital function is affected, in this disease it is not. The sensory portion of the cord is also generally affected. Here there is entire absence of pain. The pains are never so severe as those of locomotor ataxia. As regards the causes of the disease, as I said above, we have no accurate knowledge. Exposure, the excessive use of alcoholic stimulants, and syphilis, may, any of them, produce the disease.

Treatment does little or no good. Some authorities recommend ergot in the early stages, but I have never seen ergot have any effect whatsoever. The actual cautery may do good in very early stages. Dr. William Hammond claims some good results from the administration of fifteen drops of the chloride of barium thrice daily. He also recommends the tincture of hyoscyamus. Neither of these drugs have had any effects whatsoever in my hands. The galvanic current may be employed, but usually fails utterly to do any good.

A Case of Tetanus Treated with Chloral, Sodium Bromide and Chloroform, with Recovery —Chloral Rash.

BY L. M. GATES, M. D., SCRANTON, PA.

Apropos a note in your issue of May 10th in regard to a measle-like rash produced by chloral I have to record a similar experience in a case of traumatic tetanus. Chloral was given in ten gr. doses with sodium bromide thirty grs. every four hours, and sometimes every hour. Chloroform was occasionally given when the spasms were severe, but not over twice in twenty-four hours, and only for a few days during height of disease. One interesting and instructive fact noticed in giving the chloroform was, that when the system was saturated with chloral and sodium bromide, as when the above dose had been given every hour for three or four hours, the chloroform would produce from two to four hours quiet sleep free from spasm, nor would they return as hard during the next twenty four hours. When giving the above dose only once in four hours the spasms would return as soon as the ordinary anæsthetic effects of the chloroform had passed away. The chloroform was slowly pushed beyond the stage of excitement. Neither the chloral nor chloroform alone seemed to have any marked effect in controlling the spasms. May this not be a proof of the similarity of action of chloral and chloroform? Another marked feature of this case was the delirium, sometimes wild, during the third and fourth weeks. Tonic doses of quinine in the third week seemed to increase the spasms. The fever abated and improvement began at the end of three weeks.

Selections.

Nocturnal Incontinence.—Nocturnal incontinence is a functional rather than an organic disease, for in the most typical and obstinate cases there is never any appreciable pathological change to account for it. It has been known from the earliest times; it seems to occur in all countries and among all classes. It is more common among boys than girls, and although it is mostly found between the ages of four and ten years, it does occur in older children, persisting up to 15 or 16 years of age, and even beyond.

There are many facts in the history of the complaint which seem to suggest that it is due to some altered nerve relationship between the detrusor urinæ muscle and the sphincter vesicæ. Dittel believes that in young children the less developed condition of the prostate which surrounds the neck of the bladder may have something to do with it. Lebert says a local atony associated with increased sensitiveness of the neck of the bladder is the cause.

All we know for certain concerning the physiology of micturition is that it is a reflex action, which, however, is partially under the control of the will. When this reflex action is unduly active during the day, it can for a while be controlled by the will; but during the night, while the will is asleep, there is nothing to control it, and hence occasional incontinence. In Foster's "Physiology" we find it stated that "the so-called nocturnal incontinence is in reality an easily excited and frequently repeated reflex action." This is really all that is known about the pathology, or rather the physiology, of pure, uncomplicated nocturnal incontinence of urine.

Among the *predisposing causes*, one of the oldest to which reference is made is very profound sleep. It is well known that sleep varies in different individuals, and hence the common expressions of "light sleepers" and "heavy sleepers." It is thought that children, who sleep very soundly, do not answer to the calls which Nature makes; nor is this entirely confined to children, for adults occasionally, either after a debauch or excessive fatigue, are known to pass urine unconsciously into bed during the night. As a rule this does not take place until previous warnings, which have failed to waken the sleeper, have completely tired out the sphincter vesicæ. Then they generally dream of being for a long time unable to find a convenient place for the purpose, and having succeeded at last, without waking up, allow the urine to escape. Such cases will have come within the experience of every one; and although we cannot get any reliable information from children as to whether this unconscious cerebration takes place previous to the act of micturating, it is not unfair to imagine that it often does occur.

Fear or indolence may be a cause. Some children are naturally timid, and dare not get up in the night; others again are indolent, and will not get up.

Often, however, the incontinence is due to irritation of neighboring organs or parts, and its removal is then quickly followed by a cessation of the incontinence. It may be well just to refer to some of these extraneous causes; in doing so I will strictly confine myself to such as have come under my own observation sufficiently often to prove—to my thinking, at least—that the association is something more than coincidence.

Of this class of causes *preputial irritation* is by far the most common. On examination the prepuce will be found to have a contracted orifice perhaps, and to be more or less adherent to the glans penis. In other cases without adhesion, there is a collection of secretion beneath it in the coronal sulcus. These preputial irregularities give rise to other symptoms than nocturnal incontinence. They cause diurnal incontinence, that is, they give rise to an irritability of the bladder, which leads to frequent micturition and to incontinence if anything prevent the immediate gratification of the desire to micturate. Partial erection of the penis is of frequent occurrence in such cases, and this leads to the idea of a voluntary masturbation, when such is really not the case.

Irritation within the hip joint is another cause of reflex incontinence, which shows itself chiefly at night. I have now seen many such cases. In a few this incontinence has been almost the first symptom which has attracted attention; it seems to come within the same category as the involuntary startings in the sleep, which are so well known in connection with hip disease.

Disease of the Spine, when situated in the lower dorsal or in the lumbar region, not infrequently gives rise to urinary irritation, which practically amounts to incontinence.

Calculus in the Kidney, or ureters, or in the bladder, is another cause acting much in the same way as those previously mentioned; while the calculus is on its way to the bladder, the incontinence is purely reflex; but after the stone has reached the bladder it may act mechanically. Thus, in a case which I recently observed, the child had the greatest difficulty to pass water during the day, when standing; but at night in bed passed large quantities of urine without pain or difficulty. It would seem probable, in this case, that the stone rolled away from the neck of the bladder as the child lay in bed, and that then the over-filled bladder quickly emptied itself.

Worms in the Rectum or Vagina.—Many cases of incontinence due to this cause have come under my notice. The oxyuris vermicularis—the common thread-worm—sometimes infests the rectum to an enormous extent, and it finds its way also into the vagina, causing great irritation. In any given case it is well, therefore, to inquire as to this cause.

Conditions of Urine seem to be the cause in a few cases.

Peculiarities in the drinking water, or *diet*, are sometimes responsible. Thus children—in whom, perhaps, the predisposition already exists—accustomed to a soft water become liable to incontinence while drinking a very hard, chalky water.

Treatment.—Whether this disorder has, or has not, an appreciable cause, a child ought never to be punished; still less ought it to be laughed at and held up to ridicule. I have come to the conclusion that punishments tend to confirm and strengthen the habit rather than to cure it.

If any of the causes to which reference has been made, or others, are present, our first care must naturally be their removal. If a contracted prepuce is the cause, it must be either removed or dilated. I figured in the *British Medical Journal* a few weeks ago a little dilator which I have found useful for this purpose ; in the course of half an hour the contracted prepuce can be dilated sufficiently to allow of its being completely retracted ; the glans may then be cleansed, and afterwards smeared with cold cream or a little sweet oil, and the prepuce replaced. The operation is not a painful one, but chloroform can be used if it be found necessary or desirable.

When there is disease in the hip joint or in the spine we must direct our chief attention to these parts, for the incontinence will quickly disappear when the irritation producing it is removed.

In the case of stone in the ureter, or pelvis of kidney, sedatives will frequently be found beneficial. Tincture of belladonna, with bicarbonate of potash and tincture of buchu, is an excellent mixture. If there be a stone in the bladder it must, of course, be removed.

If the rectum is found to contain worms, they must be got rid of. Enemata of warm salt water will be found a simple but efficient means of accomplishing this. In short, remove any obvious cause which can be found or may be suspected.

There still remain for consideration the cases in which no immediate cause can be found, and these cases are the most obstinate and the most difficult to influence. In the first place our attention must be directed to the general health of the patient, for, as a rule, it is below par—but whether as a cause or a consequence I could not say. Quinine and iron, bark or strychnia, must be given according to circumstances, and combined with them, or separately, belladonna in some form or other. Trousseau used to give the extract in the form of a pill; others prefer the tincture. In either case the drug must be persevered with for a considerable time. Large doses may be given if the quantity be increased gradually. I have known quite young children take thirty minims of the tincture three or four times a day without any toxic effects. I must say that of all drugs I believe belladonna to be the most useful in such cases, and before giving it up as a failure in any case, I would push it to its extreme limit, carefully watching the case, and giving the doses at shorter intervals rather than in larger quantities.

Baths will also be found useful. We may commence by ordering a tepid sitz bath every night just before going to bed. In such cases the body must be well dried afterwards to thoroughly re-establish circulation. In some cases a cold sponge bath in the morning is more efficacious; especially bathing the loins, and using a rough towel afterwards, or a cold douche, directed on to the spine, may be tried.

Counter-irritants applied over the lumbar part of the spine have sometimes effected a cure when other and milder measures seemed to have failed.

Lastly, electricity, either to the rectum or vagina, may be tried in very obstinate cases. A weak current must be used, as these parts are sensitive.

In almost all cases change of air, to the seaside if possible, will be found beneficial by strengthening the constitution and improving the general health. Care must be exercised with the diet ; late suppers must be strenuously forbidden, and little or no fluid should be taken for two or three hours before bedtime. It is a good practice, also, to wake up children troubled with this disease every two or three hours, and make them get out of bed. Great perseverance will be required ; all hastiness must be avoided, while firmness is, however, required.—R. W. Parker, in *Obstetrical Journal of Great Britain and Ireland.*

Boracic Acid Injections in Gonorrhœa.—For some months past I have observed the excellent results obtained by Prof. Seely in the dispensary of the Medical College of Ohio, in the treatment of cases of acute and chronic middle ear inflammations, and of purulent conjunctivitis, by means of boracic acid. These observations have led me to test its action in other parts of the body.

No better or wider field appeared to present than in cases of gonorrheal urethritis, so frequently occurring in the practice of every physician, and the treatment of which has, notwithstanding our large experience, remained very unsatisfactory.

The first case of this character in which I prescribed boracic acid, was that of a young man in the acute inflammatory stage of the disease, with abundant discharge, frequent and painful micturition and very troublesome chordee. Several of the more popular remedies had already been given without affording the slightest relief. After the first day's use of a one per cent solution he was no more troubled by chordee. The pain attending micturition was much lessened after a single injection, and disappeared entirely upon a few repetitions. The discharge rapidly diminished in quantity and changed in character, but did not altogether cease for a week.

In my next case—a female with more profuse vaginal discharge—I ordered, as a vaginal injection, a two per cent. (ten grains to the ounce) solution, with even more striking results. The discharge ceased entirely after the third day's use of the remedy.

Three other cases have occurred in my practice in which equally good results were obtained.

In all, then, I can report five cases treated by boracic acid injections, without the assistance of any internal medication. Gonorrhœa is known to be more difficult to cure in persons who have had previous attacks. Yet three out of these five cases had had the disease repeatedly, and the relief to these three was quite as prompt as to the other two. Not

one of these cases was seen until after profuse discharge had commenced. Four were in this stage and the other in the fifth week of the affection. Every one of these patients experienced a decided amelioration of pain after the first injections, and in only one did the discharge continue more than ten days after beginning of treatment. This case—the one bordering upon gleet—was not wholly cured for four weeks. I instructed each of my patients to practice the injection three or four times daily; in future cases I shall advise only morning and evening injections after the complete cessation of pain.

My experience with these few cases has led me to the conclusion that a one per cent. solution (about five grains of boracic acid in one fluid ounce of water) will be of sufficient strength for general use.

The antiseptic properties of this substance have been known to the profession for some years. Polli's investigations (referred to by Prof. Stillé) show it to exert a very remarkable anti-fermentative action. He even tested it clinically in cases of chronic cystitis; to these patients he administered the acid internally, and found that after a very few days the muco-purulent deposit disappeared from the urine. Neumann, of Vienna, has also applied the acid locally in parasitic skin diseases.

Having seen these published statements of its properties and uses, I was surprised to find in no text-book on venereal disease any reference made to boracic acid for the purpose I have mentioned.—*Dr. Jas. G. Hyndman, in Cin. Lancet and Clinic.*

Trousseau's Cataplasm.—Dr. Dieulafoy gives the following directions for its preparation: Take, according to the size of the afflicted articulation, three or four pounds of bread—four pounds are sufficient for the knee joint, two pounds for the wrist. Cut it into pieces, removing carefully the hard portions of the crust, and soak the bread for about a quarter of an hour in water. It is then taken out, tied into a cloth, and squeezed to express a part of the water absorbed, so that the bread remains moist but not too wet. It is then put into a steam bath, and allowed to remain there for three hours, when it becomes like dry paste, which is softened by the addition of camphorated alcohol. This dough is then kneaded for about five minutes, till it is of the consistence of plum pudding. This is the most delicate point in the making of the cataplasm, because if it is too soft it will give way, and spread out under the pressure of the dressing, and if it is too hard it is apt to crumble and break into small pieces, which might injure the skin. The degree of consistency of the cataplasm must, therefore, be very carefully supervised, because, unless one is in the habit of making it, there is always a tendency to make it too soft, either because the bread has not been squeezed sufficiently before having been put into the steam bath, or because too large a quantity of camphorated alcohol has been poured upon it. The dough, having thus been prepared, is spread on a linen bandage in the shape of a rectangle, large enough to cover the whole of the joint. The poultice must be at least one-third of an inch thick at the edges, in order to prevent the thinner portions from drying too quickly.

The surface of the cataplasm is then painted with the following liquid mixture:

Camphor	7	grammes.
Extr. opii	5	"
Extr. bellad	5	"
Alcohol, q. s.		

This being done, it is applied by being put over the affected joint, and covered by non-evaporant covering. The whole is then firmly fixed by means of a long flannel bandage, over which is placed a linen one of the same length. These bandages vary in length, according to the size of the joint, and, consequently, to the size of the poultice. The joint having been thus bandaged, it must remain perfectly immovable; the compression, although firm, must not cause the underlying parts to become œdematous; this may be prevented, however, by bandaging them also. In order to prevent the layers of the bandages from slipping, they must be sewn to each other. The cataplasm then remains in the same position for eight or ten days, after which time it is removed, and found to be fresh and moist as if it had been just applied; it still smells of camphor, and does not present the least trace of mould. The skin which has long remained in contact with it is perfectly healthy, unless the cataplasm should have been too thin at the edges, thereby either drying too soon, or giving way under the pressure of the bandage, and causing the skin to excoriate. This is Trousseau's cataplasm. At first sight it may appear too expensive for poorer patients, because the cost of the material amounts to from two-and-sixpence to five shillings, if the appliance is made in a hospital. If, however, we consider that the expense having been once incurred, the cataplasm remains in its place for at least eight days, during which time no other medicine is given we are soon convinced that it is even cheaper than most other appliances. The indications for the use of this cataplasm are so obvious that they need not be repeated here. In every kind of chronic or subacute inflammation of the joints, when other means, such as blisters and cauterization, have proved unsuccessful, and even in the first instance, Trousseau's cataplasm will be found most useful and advantageous.

On Enteroclysm as a Therapeutic Method.—Convinced that liquids introduced by the aid of enteroclysm could reach the cæcum, Dr. Cantani had vainly attempted to make them pass so far as the stomach by administering an emetic intended to bring on antiperistaltic contractions shortly after the employment of enteroclysm. Since these experiments were made, two cases (*Il Morgagni*, April, 1879) have shown him the possibility of this phenomenon. The first case was that of a woman, 20 years of age, who suffered from a stercoral congestion of

the cæcum, which resisted all treatment, and was accompanied by fits of gastralgia and frequent vomitings, so as to give rise to the supposition that there was an ulcer of the stomach. Daily irrigations with two or three pints of olive oil, by means of enteroclysm, were prescribed. The first irrigations brought with them some hard matter, but the third day, during the application of the enteroclysm, the patient said that she felt the oil rise up and reach the stomach. She was immediately seized with nausea and violent efforts to vomit, and brought up half a pint of oil. The cæcal and epigastric pains ceased immediately as if by magic, and the patient recovered rapidly and completely. In the second case a woman, æt. 30, was also treated, without result, by purgatives for a congestion of the cæcum and ascending colon. After the introduction of a litre and a half of oil, by means of enteroclysm, the patient was seized with eructation and vomitings containing oil, after which the pains and the stercoral tumor disappeared entirely. These two cases seem to demonstrate, on the one hand, that liquids can pass beyond Bauhin's valve and reach the stomach by passing the pylorus, and, on the other, that the antiperistaltic movements, the existence of which is denied by some writers, do really exist. It results from these facts that enteroclysm may be used with advantage in feeding patients, since the liquids introduced by this means may reach the small intestine. Alimentary substances, milk having previously undergone artificial digestion, may be injected into the intestines, and also drinks. This method of alimentation may render great service in trismus, in stenoses of the œsophagus, in affections of the stomach, etc. Cantani also believes that this means is indicated for neutralising in the intestine the abnormal fermentations produced by infective substances. In dysentery and cholera disinfecting injections may be used with the greatest utility. Intestinal worms may also be removed in the same manner when vermifuges are not well tolerated by the stomach. Enteroclysm has already produced prompt cures in many intestinal affections, in the first instance in intestinal occlusions, of which Dr. Perli publishes a new case, followed by cure. Dr. De Dominicis published a case of acute malignant dysentery promptly improved by injections of oil, then by a chloralised and carbolised solution. The tenesmus ceased almost immediately, and the patient soon became convalescent. Dr. Paolucci has also obtained rapid cure of ulcerative colitis of four or five months' standing, either primary or consecutive, on acute dysentery. Dr. Pera has seen a stercoral congestion of the cæcum, with perityphlitis, rapidly yield to injections of oil and soap and water, made by means of enteroclysm. In all these cases ordinary medication had been previously employed without success, and the authors lay stress on the rapidity of the good effects obtained by means of this extremely simple and harmless plan.—*Rev. des Sci. Med.; The London Medical Record.*

Thymic Acid Mixture for Diphtheria.—I have, for the last few years, been using the following medicine in all of my cases of diphtheria and diphtheritic sore throats, with a success that I never attained with any other form of medication. I have used it in those cases where heretofore I have failed and lost my patients with the usual remedies, such as tincture of iron, quinine, etc., generally in use for this distressing disease :

℞	Glycerine	℥ ij
	Thymic acid	gr. iv to vj
	Chlorate of potash	ʒ ijss
	Bi-sulph. quinine	ʒ ss to ʒ j
	Brandy (very old)	℥ vj

M. Sig.—To a child from 2 years up to 5, a teaspoonful every hour or two, according to the urgency of the disease. Increase the dose from this age upwards to four drachms. Let the patient take it without any water if possible, as by so doing he will get the stimulating effect on the throat, and thus avoid the use of anything for a gargle.

This is a fine formula to use as a prophylactic agent for this disease, and malaria, and other affections of similar origin.

By adding a few drops of the muriated tincture of iron to each teaspoonful or dose, we have one of the very best of tonics, and it will be found useful in many cases after typhoid fever, attended with diarrhœa, or in ulceration of the mucous membrane of the stomach and bowels. When the food distresses, it will be of great advantage if we add a few grains of true pepsin porci.

For atomizing the throat, I use the following formula :

℞	Glycerine	ʒ j
	Thymic acid	gr. vi to x.
	Borate of soda	ʒ jv
	Camphor water	℥ ij
	Tar water	℥ v

M. Filter. Sig.—Atomize freely every two or three hours.

The glycerine is added to cut the thymic acid and hold it in solution.

I am astonished at the great variety of diseases I treat with the first of these combinations especially. In typhoid fever and erysipelas I add to the mixture muriated tincture of iron, etc. No opiate is generally required, as the potassium will be sufficient to induce sleep.—Jos. H. Warren, M. D., in *Va. Medical Monthly.*

Action of the Constant Current upon the Normal Eye.—The action of the current upon the vision in the macula lutea adds nothing to the acuteness of vision ; blue and red are recognized under a smaller angle than before the application. On the contrary, the constant current has a very manifest and persistent action (sixteen days) upon peripheric vision ; the entire field for colors is markedly enlarged. The sense of light is not influenced. The constant current then acts in the same way as strychnine (v. Hippel), but is not lasting. These results should encourage the use of the constant current in cases of amblyopia where injections of strychnine are indicated.—*Barbara Tscherbat. Scheff.*

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

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Editorial.

The American Medical Association.

The thirty-first annual meeting of this body was held at New York, commencing on the 1st inst. The attendance was unusually large, upwards of 1,200 members having registered, this number being larger than that in attendance at any previous meeting of the Association. Among the delegates were six ladies, "whose efforts to appear dignified," says a contemporary, "seemed more or less appalling, according to the individual standpoint from which they were viewed, and the approach of the discussion to dangerous grounds."

The address of welcome was delivered by Dr. T. Gaillard Thomas. It was a very happy effort, not the least thing to be said in its favor being its brevity. It closed with the following sentiments: "The end and object that brought the association together was to emit and absorb thought and give one another a friendly greeting and handshake, and a kindly interchange of expression; to advance the interests of the profession, which most closely allied man to his maker. Let it be hoped that the work done in the Association will lead those who tread in our steps to say they met those who, like Ben Adhem loved their fellow-men, and strove earnestly in the cause. In the name of the united profession of the City of New York, and with outstretched hand and a glowing heart, I bid you welcome, thrice welcome to our home."

Following this, was the address of the President, Dr. L. A. Sayre. It opened with the usual platitudes. It expressed his sense of disability to properly discharge the duties conferred upon him, and asked to have all his short-comings overlooked, etc., etc. We might remark on the inconsistency of gentlemen accepting a position of this responsibility, feeling their inability to properly discharge its duties. We do not wish to question Dr. Sayre's statement of his inability, but we venture the assertion that he would find it difficult to convince any one who knows him, that he does not feel as competent to discharge the duties of that office, as any other member whom the association could have chosen. This conventional cant, however, seems to be not only tolerated, but, through force of custom, to be regarded as the proper thing. It is a rule, which, we would suggest to the President elect, would be more honored in the breach than in the observance.

Dr. Sayre discussed principally three subjects, the first, the obligations under which the surgical world is placed to the American profession; the second, a recommendation of a change in the present system of publishing the society's transactions; and the third, the metric system. The world is indebted to America, for anæsthesia, for ovariotomy, for great advances in gynæcology, for the new operation of litholapaxy and for the plaster-of-Paris jacket. Of course the plaster jacket is a great advance in surgery, but some will question the taste of Dr. Sayre, its originator, in referring to it in the connection and in the terms he saw fit to use. The metric system was favored in the address as a substitute for that with which the great bulk of the profession is familiar, and in which it has formed its conception of doses. The question of the greatest practical importance, however, was the publication of the transactions. Dr Sayre took strong ground in favor of substituting the plan of the British Medical Association for that now in use, namely, the cumbersome annual volume. He referred to the progress in the affairs of the British Medical Association which dated from the inauguration of the present method of publishing its transactions. This method, as our readers are doubtless aware, consists in the publication of a weekly medical journal by the association, in which abstracts of all papers read before the association, and discussions thereon, are published. Dr. Sayre was not the first to suggest a change in this matter, but his strong arguments in favor of it are very opportune at this time. The absolute worthlessness of the huge annual volume of the transactions as now published, is yearly becoming more manifest, and while none except the members of the association have an opportunity of reading it, it is doubtful whether even a few of these take pains to read through it. With the experience of our British brethren before us the substitution of the change proposed, would not be an experiment. It is one, moreover, which is sure to be made, its adoption being merely a question of time.

The social part or the late meeting may be pronounced a success, the receptions were of a high order of brilliancy, as it was, of course, expected they would be. They were not, however, as social as have been some given by some of the citizens of other cities, in which the association has met. In regard to the papers and general work of the association, it may be said that they did not come up to that high standard of excellence, which it was expected they would reach; in fact, in carefully perusing the reports of them which have already appeared, we fail to detect any material improvement on those of former meetings of the association We give elsewhere abstracts of such papers as are worthy of reproduction.

Now that the meeting of the association has been

held, it is in order, in conformity to a time-honored rule, for the medical journals to pick out its defects and to suggest improvements. We have been struck by the fewness of these suggestions which have, thus far, been made by our contemporaries. The principle of them has in view the ridding the society of a vast amount of verboseness which is inflicted upon the members at the meetings of the various sections. By a reference of the papers to proper committees, who should report prior to the meeting of the Association, much of the mediocre, trashy material to which the members are forced to listen, might be eliminated. The discussion also before the several sections might be materially improved were members given an opportunity to prepare themselves. This could be done by printing in advance the report of the committee suggested, which would contain a list of the subjects which would come before the meeting. The adoption of these two changes would be attended with a very marked improvement in the usefulness of the great representative association of the American profession.

No matters of material ethical importance were disposed of. The judicial council failed to report both on the "Homœopathy-in-the-University-of-Michigan question," and on the question of copyrighting names of medicines. The former of these questions was on the motion of a Michigan delegate made a special order of business for the second day of next year's meeting.

The officers elected were as follows: John T. Hodgen, St. Louis, President ; W. H. Anderson, Mobile, Ala., 1st vice-president; Levi G. Hill, New Hampshire, 2d vice-president; Henry T. Holton, Vermont, 3d vice-president; H. Carpenter, Oregon, 4th vice-president; W. B. Atkinson, Philadelphia, per. secretary; R. Dunglison, Philadelphia, treasurer; William Lee, Washington, librarian.

The next meeting of the Association will be held at Richmond, Va., on the first Tuesday in May, 1881.

Honorary Degrees.

In our last issue we referred to the abuse, which has recently been so effctually exposed, of the sale of medical diplomas to those who had furnished no equivalent either in attendance on medical lectures or by study in a preceptor's office. There is another evil, radically not less heinous, although not involving the serious consequences which are liable to ensue from the possession of a bogus medical diploma ; we refer to the conferring of honorary degrees by our literary colleges. This is a matter which, may be said, has little or no hearing upon the subject it of medicine, but medical men are nevertheless considerably interested in it because of the fact that these degrees as frequently, if not more frequently, fall upon physicians than upon other members of the community. Not unfrequently, also, this degree is made an instrument whereby its possessor is given unmerited prominence at the expense of others.

The college commencement which in these latter days does not confer the honorary degree of the institution is a rare event. In the earlier history of these annual occasions, more éclat and importance attached to them than have latterly been associated with them. There were several reasons for this. The curriculum of study which led to them was, as a rule, more thorough, and thus the degree which was conferred on those occasions was more highly respected than it has latterly come to be. The graduates were required to reach a higher standard of scholarship, and in the case of the conferring of an honorary title, the recipient was usually a gentleman who, although not college bred, had given evidence of erudition and a bent of mind which was calculated to lead him to still further merit the honor conferred on him. The distinction was conferred only on men who by talent and toil had demonstrated their fitness to receive it. None but those who had made their mark either as theologians, lawyers, physicians, editors, or authors, were considered worthy of an academic recognition. The suffix of D. D., L. L. D., Ph. D., carried with it a guarantee of worth on the part of its possessor, whether he became possessed of it through attendance at the institution conferring it, or not. Times, however, have changed, and colleges have changed with them. The annual session for the distribution of these degrees is no longer an occasion of much importance except to those immediately interested, and it is feared that in the lavish manner in which the honors are conferred, they, like the rain from above, fall on the just and the unjust, the latter because of their expanse of facial development usually receiving more than their just due. It is no unusual thing for men who have not risen above the common level either in the world of letters or in the demesne of science to have these appendages attached to their original patronymics, often making them appear in their borrowed plumage as ridiculous as the Knight of La Mancha, in his ill-fitting armour.

The reasons of this degeneration in our educational institutions lie on the surface. Colleges having, in the past few decades, added rapidly to their numbers, in the struggle for existence it has been found necessary to depart from the old and time-honored ways. They must secure the support of men who have distinguished themselves by the possession of that tact and business enterprise which are fully as essential to the success of literary institutions as to other undertakings—men of local influence, but possessing no very high degree of scholastic attainments. These men hold in their hands the sinews of war, and it pays to cultivate them. They, as men of this class usually are, are very susceptible to flattery, and the crowning of them with the title which adorned the brow of a Samuel Johnson, Jonathan Edwards, or an Archibald Alexander, adds materially to their own self-respect and sense of self-importance. Some village academy chooses a principal and to give it the power of "drawing," he is soon, by easy management, decorated with the same

title as if he were a Silliman, a Henry, or an Agassiz. A lawyer is installed in an easy judgeship, and he is ere long, throught some dexterous manœuvering, distinguished with the same badge of respect as if he were moving on the same plane with a Kent, a Marshall, a Dana, a Gibson or a Waite.

This abuse of a custom which, properly observed, has in it the possibilities of encouraging and stimulating those to whom the early opportunity has been denied, to the cultivation of both letters and science, is to be very much regretted. It is, however, one of those faults which carries with it its own cure. Latterly men of worth have peremptorily declined the honors which colleges would fain confer upon them. The abundance M. A.'s, LL. D.'s, and D. D.'s, which have been distributed broadcast in the community, has begotten such a familiarity with these sounding titles, as to have brought them into contempt. Titles inherently so distinguished should not be in the market, and should not be conferred upon any one who has not demonstrated his worthiness to bear them; it is only when they have been honorably won that they are valuable. To throw them around by the dozen as mere expressions of gratitude for private influence or as baits for further favors, is a species of trickery which borders on the absurd, and is utterly unworthy of any institution that would retain the respect and confidence of an intelligent community. It is a double fault, in that it brings the institution into disrespect and enables men of small calibre to sail under false colors, thus chilling the aspiration of noble youth as they see factitious fame and mediocre worth wear the same livery as real merit.

Tinea Tonsurans in the State Public School.

When with our Ithuriel pen we, in our last issue gently touched the supposed author of the circular issued by the Superintendent of the State Public School, we did not anticipate that he would blossom forth as he has in the communication with which he favors us in the present number. Our readers will thank us for the flood of light which we have thus caused to be shed on the "*terribly* contagious" (or infectious) disease, tinea tonsurans.

We have allowed Mr. Alden the space he asked both because we think it but just that he should have an opportunity to explain himself, and because his communication furnishes additional argument in support of our opinion that our State institutions should be placed under such efficient medical control as would obviate the necessity of a lay officer's setting himself up as an instructor in matters which probably belong to the physicians in charge of the afflicted institutions. The State employs Mr. Alden to attend to the intra-cranial development of the children in the school at Coldwater, and it employs Dr. Powers to look after the parasites that disturb their scalps. If, from any combination of causes, tinea tonsurans happened to prove unusually obstinate it was Dr. Powers office and duty to inform the profession, and the medical officers in charge of institutions liable to the disease, of the causes of this obstinacy and to instruct them in the methods which he had, in these particular cases, found more beneficial than the usual appliances.

Mr. Alden's excuse that his circular was issued merely to assist the keepers of poorhouses to detect the disease is specious in the extreme. The disease is one which only a microscope, and one in the hands of an accomplished microscopist, can detect. Even the "accomplished young microscopist" of Coldwater, on whom Dr. Powers relied for his information, only "thinks" that he found the parasite, and one county physician failed to discriminate between tinea tonsurans and "*scald head.*" This being the case, it is difficult to understand wherein Mr. Alden's circular can assist the, not particularly intelligent, keepers of our County poor houses to detect the trichophyton. These gentlemen, moreover, as far as our knowlege of them extends, do not assume the functions of the physician, and in this regard are an example which Mr. Alden would do well to emulate.

It is certainly not creditable to the three physicians, including "the able president of a medical association," who have treated the children at our State Public School, that "neither of them were familiar with the disease or the best method of treating it," and that they suffered Mr. Alden to make the discovery, and thus made it possible for him to advertise their ignorance.

Mr. Alden's "modest suggestion" that the facts in connection with the diseased heads of his children are more valuable than mere theories, and that science is based on facts rather than theories, is one to which all will subscribe. Facts, however, to be valuable, must be properly arranged and interpreted, and to thus arrange and interpret is the office of the scientist. Does the teacher of children of our State Public School arrogate to himself the ability to pass judgment on a question on which he himself states leading scientists (dermatologists) are so much perplexed? "The common sailor who has spent two or three winters at the north pole," may have realized that it was very cold in that latitude, but his observations have never done much to advance any useful knowledge of those regions or to solve the question of the "Northwest passage."

We would respectfully suggest to the Board of Control of the State Public School that before authorizing Mr. Alden to be as lavish with the public funds as he proposes, (if they have thus authorized him), they instruct that gentleman to attend to his legitimate duties and to secure the services of some intelligent physician, or dermatologist, who shall visit their institution and investigate the nature of the disease afflicting the scalps of the children. According to Mr. Alden's original "business circular thrown off in a half hour's time" (just think of it! it only took him half an hour to unburden himself of it!) and to his supplemental dissertation, the children have been under the supervision of physicians confessedly ignorant of the disease they have sought to treat. The treatment has been an empirical groping in the

dark. It has not yet, we repeat, been even satisfactorily determined that the disease is tinea tonsurans? The diagnosis is a mere guess,—the only microscopist who has looked for the parasite not being certain of having seen it.

We still maintain, *Ne sutor ultra crepidam.*

Spaying—Battey's Operation.

At the late meeting of the American Medical Association a considerable portion of the time of the section on obstetrics and diseases of women was taken up by papers and discussions on this operation, the methods and the advisability of its performance. The proceedings of that section will be published in the medical journals of the country and a strong impetus will thus be given to the operation. We shall be disappointed if in the near future many cases are not reported in which it was found necessary, from a train of symptoms which have suddenly become unendurable, sensitiveness of the ovary, excruciating pain during menstruation, "to which the patient prefer, death," epileptic aura, nymphomania, etc., etc., to unsex the female. Especially is a strong advance on the ovaries to be feared because of the declaration of Dr. J. Marion Sims, that properly performed the danger to life is very small, and that the effect on the pleasures of coition is not noticeable. It will be remembered, too, that it is a custom among stock raisers to remove the ovaries of such stock as they desire to remain barren, and that the death of the animal as a result of the operation is a very rare occurrence. And when it becomes a thoroughly established fact that it is much more safe to remove the ovaries than to rid the uterus of the impregnated ovum, who can predict the future of oophorectomy? The operation has in it the solution of the problem of unlimited sexual indulgence without the inconvenience of pregnancy, the throes of parturition and the expense of a family. This is a desideratum for which the average American citizen has long yearned, which the disciple of Malthus has long hoped for. The possible results of Battey's operation on the health, wealth and happiness of humanity are great beyond the conception of the present generation. McDowell, the obscure Kentuckian, was a great benefactor, but his greatness consisted in the removal of the diseased ovary, and will pale as the light of the glow-worm in the effulgence of the sun, before the possible fame which is in store for Battey, the modest practitioner in the obscure Georgian hamlet!

But the mention of spaying, or rather oophorectomy, the more euphonious synonym, leads us to enquire why this blessing should be confined to the women. Has not man sexual glands which lead him into difficulties, local, constitutional and social, scarcely less grievous to be borne than those which the woman suffers because of her ovaries? And yet the voice of neither Battey, nor Sims, nor Trenholme nor Pallen has a word for him. He is allowed to suffer untold miseries which the slight and dangerless operation of castration would relieve him from. Who is there that will arise and be the first to remove the human testicle and thus divide the honors with him who first removed the human ovary? Here is an opportunity for fame.

Suggestions for Professional Success.

Our contemporary, the *Medical and Surgical Reporter*, essays to give some advice to those seeking professional success, as, of course, all who enter upon the practice of medicine do. It lays down several rules, which it supplements by some very sage and instructive comments. The rules are briefly, (1) a doctor to succeed must know his business, (2) he must attend to his business, (3) he must be attentive to his professional manners and habits, (4) he must be stationary, (5) he must make fair charges, (6) he must keep his books of account with entire accuracy, (7) he must make collections.

Doubtless, our readers have had rules of this kind enunciated to them before. We have here seven rules, but in our opinion, the greatest of these seven is the injunction to make collections. A man appreciates what he pays for as he appreciates nothing else. Charity is demoralizing; it not only destroys self-dependence and self-respect, but it creates a disregard for the donor. The failure to collect a proper remuneration for services rendered, makes the practice of medicine a charity, which carries with it all the attendant evils of such acts as are distinctly known as charitable. The man who insists upon being properly recompensed for his services not only wins the respect of such portion of the community whose respect is worth having, but he succeeds in making himself still more independent of the class whose respect and patronage he cares not to have.

The rules laid down by our contemporary, although not new, are such as every young practitioner, particularly, will do well to adopt. In enforcing the latter, he will at once find himself strongly opposed by a number of older practitioners, who, through carelessness and lack of proper business capacity allow accounts to run for years without settlement. The end, however, will justify him in combating these rules, or rather absence of rules, of his competitors. The day of reckoning must come sometime, and the old practitioner not unfrequently finds that the accumulated account for the services of years, acts as a pruning-knife to his practice. "Short accounts and long friends," is an adage as true as it is homely.

The Cartwright Lectures.

We have in England the Harveian, the Lumleian, the Croonian, etc., lectures, lectures the remuneration for which is provided for by endowment, usually, and which are not necessarily delivered by professional teachers, but by those who may be selected for the purpose because of distinction they may have won in some particular division of medicine. These lectures are generally of a very high

order of merit, and some of them have embodied important advances ; notably among these are the late Lumleian Lectures on the Digestive Ferments and the Preparation and use of Artificially Digested Food, by William Roberts, M. D., F. R. C. P., of Manchester.

Lectures of this nature have not as yet been instituted in this country but are now about to be. The will of the late Dr. Cartwright provides for the annual payment of $500 to a lecture to be chosen by the Alumni Association of the College of Physicians and Surgeons, of New York, who shall deliver a short course of lectures, to be known as the Cartwright Lectures. The choice of the first one to deliver this course has fallen on Dr. Roberts Bartholow, of Philadelphia, erst of Cincinnati. This selection of the lecturer has been a happy one; it is both a compliment to Dr. Bartholow and to the judgment of the Alumni making it. It is hoped that this course of lectures will, as has been the case in England, be of an interest which will extend beyond the lecture room; that it will contain the results of original thought and work, and not be a mere repetition of that with which the bulk of the profession are already familiar. Unless this hope is realized the Cartwright lectures will be a failure.

Bogus Diplomas.

"The mills of the gods grind slow, but they grind exceeding fine." Justice, which has for a long time been on the track of Dr. John Buchanan, he of the notorious Philadelphia bogus diploma mill, has at last overtaken its victim, who is now safe under lock and key in the city of brotherly love. For a great many years has this man been a stench in the nostrils of the community—the selling of bogus diplomas not being the least of the charges which have been preferred against him; but notwithstanding the strong cases which have so often been made against him, he has, until now, succeeded in escaping his deserts. He is one of the most slippery of scoundrels, nearly every crime on the calendar, including some forms of murder having been repeatedly charged against him, but at last he has been brought under the strong arm of the law. Recently he and his college and diplomas, have been the subject of correspondence between the Hon. Andrew D. White, our minister at Berlin, and our State Department, Germany having been a favorite field for the rogue's operations—distance, in this instance if not "lending enchantment to the view," at least diminishing the chances of detection. The immediate cause of his present arrest, is a charge of having used the U. S. mails for illegal purposes, that is, for sending through them his diplomas, upon the strength of which lesser quacks have peryed upon the community. The penitentiary yawns for this man, Buchanan, and the sooner its capacious maw encompasses him, the sooner will the fair name of Philadelphia be vindicated.

Miscellany.

Tinea Tonsurans in the State Public School. —I have the honor of acknowledging the receipt of a copy of your journal issued June 10th, for which please accept my thanks. Will you kindly allow me to say a few words in reply to your criticisms of my circular ?

The circular, in question, was not "issued to the profession" as you state, neither was it intended as a "clinical lecture to those whose occupation and study it is to treat disease." I have no aspirations in that direction.

The circular was sent to three physicians only, so far as I am aware, one of whom had written to me for information on the subject, and the other two I had reasons to believe would be interested in learning the facts of the case, though furnished by a layman, and related in an "unscientific" manner. The circular was designed solely for the superintendents of the county poor and keepers of the poor houses, from whom we receive our children. Its object was to notify the superintendents that no more children with diseased scalps would be received into this institution. To give a reason therefor—to assist the keepers in detecting the disease, and suggest a method of treatment which had been found quite effective here, and which might prove of service to them in the absence of anything better. The necessity for such a circular was quite apparent. Children were continually sent to this institution with diseased heads, accompanied by the sworn certificates of physicians that they had no "chronic or contagious diseases." Some of the children had been under treatment for months, and yet were far from being cured. Receiving constant additions of diseased children, from this source, it was found impossible to exterminate the disease from the institution.

As to the statement that physicians do not, particularly outside of large cities, often meet with diseases of this character, in their private practice, I can only say that I have been told this by physicians themselves. One physician, with a large practice, says that he scarcely ever met with one of these cases of scalp ring-worm. Besides, I have the statement of some superintendents of the poor and keepers of poor-houses, that the disease was not understood by their physicians, nor had they been able to cure it. In one poor-house the physician who had treated quite a number of cases for a long time without success, pronounced the disease to be "*scald head.*" I am further satisfied that neither of the three physicians who have treated the children in this institution were, at first, familiar with the disease and the best method of treating it, and one of them is, or was recently, the able president of a medical association, and is recognized as one of the first physicians in this county. The physician in charge, at present, frankly says it was a comparatively new experience to him. When he became physician to this institution he found from fifteen to twenty bad

cases on his hands which had been treated for some months, and the disease was steadily spreading and continued to spread for some months afterward, till the present method of treating it had been adopted, since which there have been very few new cases. The fact, too, above mentioned, that many children have been sent to this institution with diseased heads, accompanied with the sworn certificates of physicans that that they had no "chronic or contagious disease," leads me to the conclusion that they were not familiar with its nature, for it cannot, for a moment, be supposed that they would forswear themselves. So much for the "superlative impertinence" of the circular.

I carefully concede to you "its very unscientific character." It does not merit half the attention with which you have honored it. It claims to be nothing more than a business circular, thrown off in a half hour's time, in connection with which one layman in trouble gives a little of his experience to another similarly situated, very much, if you please, as one kind old lady would tell another how she had cured *worms*.

I felt as much astonished at seeing my circular occupying so prominent place in so respectable a journal, as Garfield was at receiving his nomination, June 8th, in Chicago. But some people have honors thrust upon them. I trust, however, that you will pardon the confusion of a layman in not being able to discriminate "between *contagion* and *infection*," for Webster says that contagion is the synonym for infection, and that, while American writers usually make a distinction between the words, "medical writers in Europe, do not, most of them, recognize any difference between contagion and infection." I find further that the distinction is not always made by the best medical writers in this country; for, while Dr. Shoemaker, a dermatologist of Philadelphia, speaks of ring-worm as an infectious disease, George Henry Fox, of New York City, perhaps the first dermatologist in this country, says that "trychophytosis is *contagious*, possessing the quality in a far more marked degree than chromophytosis. Children are more susceptible than adults to contagion, and when once introduced into a school or family the disease is apt to be conveyed from one to another until all are affected." When "doctors disagree" what shall a layman do?

As to the diagnosis of the disease I have only to say that it is pronounced to be *tinea tonsurans* by Dr. Powers, who employed an accomplished young microscopist of this city, to examine the hairs epilated from diseased heads, and who thinks that he has found the parasite. The general characteristics of the disease closely resemble those of tinea tonsurans as given by Aitken, Dr. Shoemaker, and Dr. Fox in, his "Photographic Illustrations of Skin Diseases." Doubtless the eruption, in some cases, has been obscured by a secondary eczema. It does not in the least resemble tinea favosa. It is not characterized by the development of sulphur-colored cup-shaped crusts. The pustules are all convex.

If, as you say, "tinea tonsurans should, under properly conducted treatment, be gotten rid of in less than a month's treatment," and you or any other physician can prescribe such a treatment that will cure this disease, whatever it is, so that *it will not return as soon as the treatment is discontinued*, you will not only confer a great favor upon this institution, but will also be paid liberally for your services. The remedies now used here while more efficient than any others we have tried, do not effect a *permanent* cure, usually, in less than three months. The prescriptions of several physicians who *thought* that the disease could be cured in a much shorter time, have been faithfully tried, but failed. There are now or were, a few weeks ago, a number of similar cases in the Wayne County poor-house, "from which we have received at least five children with diseased heads during the past eight months," which have been under treatment for about a year, I am informed, and yet are far from being cured. The opinions, however, of very able dermatologists differ somewhat from yours. Dr. Shoemaker, of Philadelphia, who cured a large number of children afflicted with ring-worm in an institution of that city says: "My observation is that when it attacks the body and is not complicated, it is easily cured; but when it involves the head it is a most tedious and unmanageable disease, owing to the mischievous influence of the hair."

Dr. Fox says, speaking of trychophytosis: "When the disease occurs on non-hairy parts, it is commonly superficial and easily cured. When this has, however, grown into the hair follicles, and even penetrated the hairs themselves, the disease is not readily cured. It may, indeed, prove exceedingly intractableand occur after it is apparently well." And so say other dermatologists, one claiming that it has been known to recur even two years after the disease had been apparently eradicated.

As you properly remark, "this institution was not founded to enlighten" the "deplorable ignorance" of "medical practitioners." Nor is it ambitious of doing this work. But, if all true science is based on facts rather than on theories, I would modestly suggest that this institution, where three hundred children are gathered, might furnish a better field for the study of children's diseases than "some other of our institutions," like the Agricultural College or State Prison, for instance, where they have no children. I would further suggest that it is possible that a common sailor, who had spent two or three winters at the north pole, might know some things about the Arctic regions as well, or better even, than one who had never passed outside of the tropics, even though the latter had read several books about the "frozen north."

Very respectfully yours,
LYMAN P. ALDEN.

COLDWATER, Mich., June 14. 1880.

The sixth annual meeting of the Medical Alumni Association of the University of Michigan will be held in the lower lecture room of the Medical College on Wednesday, June 30, at 2 o'clock P. M.

Regulations for Examinations in Sanitary Science by the Michigan State Board of Health.—1. An examination in Sanitary Science will be held annually at Lansing, beginning upon the Wednesday succeeding the second Tuesday in July.

2. All applicants for examination will be required to exhibit their diplomas from some reputable medical college, or give satisfactory evidence of the possession of a good practical knowledge of the English language, and of the sciences of chemistry, anatomy, physiology, pathology, and toxicology.

3. All applicants for examination shall present their names to be enrolled by the Secretary of the Board previously to the session of the Board of Examiners.

4. Each and every candidate for examination shall pay to the Secretary of the Board an examination fee of ten dollars before appearing at the examination, except for second examination as specified in the next paragraph.

5. The examination fee of those applicants who do not receive the certificate of the Board will not be returned to them, but a second examination will be given to such applicants, without fee.

6. Examinations will be oral, practical, and written.

7. The standard of requirements will be such, that, so far as relates to sanitary science, a person sustaining the examination will be considered properly qualified to act as health officer of any township, city, or village in Michigan.

8. The State Board of Health will give a certificate to such persons as, on examination, are found, by a majority vote of the members of the Board, to be qualified in sanitary science, according to the standard established by the Board.

9. Candidates will be examined in the following subjects :

I. Biology.—Including the reciprocal relations of the vegetable and animal kingdoms in process of growth, maturity, and decay,—the direct and indirect influences on human health.

II. The nature, causation, and prevention of diseases.—Including :

a. Vital Statistics, — methods of ascertaining the death-rates and sickness rates from all causes, and from the different diseases, at different seasons of the year, among persons of each sex at the different ages in life ;

b. Meteorological conditions coincident with certain modes of death or sickness ;

c. Unsanitary conditions of surroundings, their relations to the causation and prevention of diseases and deaths ;

d. Occupations, habits, and physical and mental hygiene ;

e. Life-histories of the germs of disease, such, for instance, as small-pox ; also of common bacteria; facts concerning the destruction of contagia and bacteria by heat, etc.;

f. Incubation-periods of communicable diseases;

g. Management of outbreaks of the different diseases;

III. The physical sciences.—In their relations to the principles of construction of buildings, ventilation, warming, drainage, sewerage, water-supply, and to general questions in sanitary science, including:

a. Chemistry and microscopy, as regards the examination of air, water, and food;

b. Meteorology, as regards general knowledge of climatic conditions, the reading of instruments, and the correction of observations;

c. Topography and geology, as regards elevation above the ocean, and above surrounding country, the nature of the surface and of the underlying strata, the relations of such facts to the purity of the air and the water-supply.

IV. Sanitary engineering, apparatus, and appliances. As regards water-supply, sewerage, disposal of sewage, excreta, and garbage, house-drainage, drainage of lands and of building-sites, ventilation, heating, cooking, railroad and other modes of travel, and special sources of danger to life and health.

V. Sanitary inspection.—Including:

a. The principles of plumbing, house-drainage and other sanitary arrangements about dwellings;

b. Seating, lighting, warming, ventilating, and other sanitary arrangements of schools and other public places;

c. Investigation of the origin and spread of outbreaks or epidemics of diseases;

d. General inspection of cities, villages, and localities, with respect to drainage, sewerage, ordinary and other nuisances.

VI. Sanitary law.—National, State and local health laws and ordinances, relating to the isolation, restriction and prevention of cases of communicable diseases, disinfection, vaccination, notices required from physicians and householders, reports to local boards and to the State Board of Health, laws respecting vital statistics, the inspection and care of articles dangerous to life and health, inspection of animals, and of foods and drinks, the pollution of streams, ordinary nuisances, dangerous trades, slaughter-houses, and overflowed lands.

Fashion in Deformity.—*Medical Times and Gazette:* The lecturer passed in review the various methods adopted by different nations, and at different ages, of deforming or altering the natural form of some portion of the body in obedience to the dictates of fashion. The different practices of shaving, cutting, and dressing the hair and beard, and tattooing the skin, were alluded to in passing, but more attention was given to the disfigurement of the nose, lips, and ears, by cutting holes and inserting various substances through them; almost identical customs being described among people living at most remote regions of the world. The fantastic methods of filing and chipping the front teeth into different patterns, practised by the Malays and some African negroes, were then noticed. An account of the mode of altering the

form of the head, which prevailed once extensively in Europe, and was almost universally adopted in Peru and on the Western Coasts of North America, was followed by a description of the effects produced upon the feet of civilized races by the unnatural form of the boots commonly worn, the evils of pointed toes and high heels being exemplified by diagrams and specimens.

The constriction of the waist was next noticed—the figure of the Venus of Milo and one taken from the last Paris fashion-book being compared and contrasted. All these customs were shown to arise from a similar propensity, which manifests itself in the human mind under all conditions of civilization, to tamper with a form which good sense, as well as good taste, ought to teach was the most perfect that could be designed. The origin of these fashions is mostly lost in obscurity, all attempts to solve them being little more than guesses. Some of them have become associated with superstitious observances, and to have been spread and perpetuated. Some have been vaguely thought to be hygienic, most have some relation to conventional standards of improved personal appearance, but, whatever their origin, the desire to conform to common usage, and not to appear singular, is the prevailing motive which leads to their continuance. The vitiation of taste produced by these conventional standards—which shows itself in the Malay in the perference of black teeth to those of the most pearly whiteness, in the Congo negro and American Botocudos in liking lips and ears which are enormously (and to our eyes hideously) enlarged by huge wooden plugs inserted through them, in the Chinook Indian by contempt of any head which is not flattened like a pancake or elongated like a sugar-loaf—is displayed among ourselves by the admiration of unnaturally pointed toes and contracted waists.

The Effects of Recovery on the Doctor's Fees.—A Dakotah Territory doctor relates the following instructive bit of experience. It illustrates a curious psychological fact, which no medical gentleman can fail to have noticed, viz., that generosity is a virtue peculiar to the diseased body. The moral of the story is, strike for your fee while the iron's hot, for when the metal cools the generous soul cools with it :

"I was called at midnight to see a gentleman who had just returned from a late dinner, where in hasty eating he had lodged a large fish-bone in his throat. I provided myself with an emetic, œsophagus forceps, and other paraphernalia designed to give him relief, and hurried off to him. I found him pacing up and down with a look of intense distress and anxiety, occasionally running his finger down his throat and gagging. He told me, in tones of despair, that he thought it was all up with him, but begged me, if the least glimmer of hope remained, to proceed at once in my efforts to relieve him. He extravagantly declared that he would give a million dollars to have that fish-bone removed. I assured him that such cases were frequent, and ordinarily not attended with much danger, before proceeding to carry out measures for his relief. His fears underwent some diminution on the strength of this, and he then declared that fifty thousand dollars would no more than repay the skill and art required to extricate the unwelcome intruder. I smiled, and proceeded to introduce the forceps, but after several efforts failed to grasp the bone. His fears again induced him to mention a fabulous sum as the meed of the service that would expel the object of his terrors. I then gave him the emetic; its depressing effects causing his generosity to rise again, barometer-like, to a very high pressure. In a little while the emetic disburdened him of the greater part of his dinner, and with it up came the fish-bone. He gave a sigh and look of relief, and, solemnly looking towards me, said, 'Doctor, I would not have that thing in my throat again for five dollars!' My fee eventually resolved itself into the 'valuable experience' that the occasion afforded me."

American Fraternity and Equality.—*Louisville Medical News:* A New York lady, Mrs. Mary Putnam Jacobi, M. D., a near descendant of General Israel Putnam, of Revolutionary fame, the wife of Dr. Jacobi, one of New York's most prominent physicians, and herself an authority in diseases of females, was lately refused apartments at a seaside hotel near New York. The ground on which the publican declined to accommodate Mrs. Jacobi and her children was, that no Jews are admitted to that hotel; and though she is of an old New England family, her husband's being a Hebrew prevented her securing shelter for herself and her little ones at the hotel of her choice.

Nowhere out of America could such an outrage as this be perpetrated, unless possibly in beastly and despotic Russia; and yet the Constitution of the United States declares that in this land of the free all men are equal. This is the second instance where tavern-keepers have been guilty of this cruel, shameful, disgraceful behavior. No race of people is coming so rapidly to the front as the Jewish. Not only in finance, but in the professions, in politics, and in the arts and sciences they are leaders in many parts of the world. In America they are increasing with marvelous rapidity in wealth and numbers, and who knows but some day they may turn the tables on the gentiles and refuse them admittance to the better class of hotels. The women are chaste and the men brave; and if there is any advantage in blood they have it, being certainly the purest bred race in existence.

Napoleon and Josephine.—We have made diligent search for an answer to the question raised by our correspondent in the last issue of the News regarding the fruitlessness of the union of these historical personages, but have been able to find no literature bearing thereon. One correspondent sug-

gests the possibility of there existing no proper marital relation between the two, he being cognizant of an instance in which no such relation existed between a married couple for over ten years of their wedded life. The well-known amativeness of the little corporal, however, coupled with the great desire which Josephine must have had for offspring, both for political and domestic reasons, would seem to render any such abstinence in this case extremely improbable.

The probability is that Josephine at the time of her marriage to Napoleon had passed the child-bearing period, she being thirty-three years of age. Her children were born some years previous to this marriage. While it is true that thirty-three is an early age for the suspension of the child-bearing function, it is by no means unusual for it to cease at this age, and this seems to be the most probable explanation. Certainly, even from what was known of the first Emperor before Madame de Rémusat's revelations, we have no reason to doubt his virility.

Prof. Adams, of our State University, who for many years has been a minute student of French history, informs us that he has never met with any discussion of this subject.

The Swallowing of a Safety Pin.—In the last News, Dr. H. L. Ambrose reports a case of "Swallowing of a Safety Pin." As soon as I finished reading the article I repaired to my safe and took therefrom a safety pin which passed through the alimentary canal of one of my own children six years ago. It is just one inch long, and was swallowed open, by a child 18 months of age. The occurrence gave its parents a sleepless night and much anxiety. The paper now containing the pin contains the following record, which I made at the time :

St. Johns, June 18th, 1874.

Hollie swallowed this pin, open—unclasped—and voided it in about twenty-four hours, without apparent inconvenience. Pin new and sharp as a needle at the time. Somewhat corroded now. Astonishing !

G. E. Corbin, M. D.

St. Johns, Mich., June 13, 1880.

The *Medical Press and Circular :* "American and English authors and scientists certainly do not belong to the "Mutual Admiration Society." The American *Journal of Science* is of the opinion that "outside the circle of men of pure genius, like Crookes, the scientific men of England feel that they have reached the highest possibilities when they have given popular lectures on what Germany discovered from five to twenty-five years ago. The profession of medicine—a part of science—lies near the bottom of the middle class, buried under succesive strata from royalties and nobilities through the church, the army, the navy, the bar, and successful trade. The descendents of Young and Newton and Harvey are organizing to drive a part of experimental physiology from the empire. As literary art declines in England, the oratorical art seems to rise. Even speakers of but little fame are, many of them, easy and flowing, at times rapid as well as clear in their utterances ; *so much like Americans* that only peculiarities of speech suggest the land of their birth." *So much like Americans*—we hope our orators duly appreciate the compliment ! By-the-bye, might we be permitted to ask, is it because English books are *so much like Americans*, that their parentage is forgotten immediately after they reach the other side of the Atlantic ?"

These little exchanges of compliments are both dignified and profitable.

The *North American Review* for July is a number of unusual interest. It contains an article by the great German Chancellor's Boswell, Moritz Busch, or "Bismarck as a Friend of America and as a Statesman" which sheds much light on Prince Bismarck's character as the genius of Statecraft. Other articles in the same number of the *Review* are "Canada and the United States," by Prof. Goldwin Smith : "The Exodus of Israel," by President S. C. Bartlett,—a defense of the Pentateuchal account in the light of modern research ; "The English House of Lords," by J. E. Thorold Rogers, M. P. ; "The Ethics of Sex," by Miss M. A. Hardaker,—a calm philosophical study of the woman question; "The Panama Canal," by Count de Lesseps; and "Profligacy in Fiction," by A. K. Fiske.

From a report of an autopsy in a New York newspaper: "It appears that at sometime Mr. Hare had swallowed an oat, which entering the stomach, had entered the appendix, or blind sac, situated at the base of the ascending colon. The oat after lodging in the appendix caused ulceration of the organs of the stomach in immediate contact with the appendix. The oat finally worked its way through and perforated the appendix, which, combined with the ulcerations, caused death. The case proves the fact that people cannot be too careful about taking seeds of any kind into the stomach, as one lodging in the appendix would produce the same result."

For lucidity of expression and accuracy of anatomical and pathological knowledge, the average newspaper man is peculiar.

In the course of a paper read before the American Medical Association at its late meeting, Dr. A. Jacobi in referring to the abundance of specialists, enquired "What is left for the general practitioner ?" His answer: "The general practitioner will in future obtain, as the legitimate province of his practice, the male half of mankind, and very old women, and very young children, provided he will keep his hands off their eyes, ears, nervous system, lungs and heart, urinary organs, venereal diseases, nose, pharynx, larynx, skin, hair, and corns." He will still be allowed to practice on the umbilicus.

It is reported that at the late meeting of the Indiana State Medical Society two members became

engaged in a discussion in which the vocabulary proved deficient in terms with which to express the sentiments of the disputants. Recourse was, therefore, had to man's natural weapons, and "a gentleman of great respectability and high scientific attainments" knocked his opponent down, kicked him in the face, broke his jaw and inflicted other serious injuries. The society administered a slight reprimand but did not expel, and the mayor of the town assessed him of the conclusive arguments, $30.00.

We beg to acknowledge the receipt of a sample of lactopeptine from the New York Pharmacal Association. We have used this preparation somewhat extensively in our practice and cordially commend it in those conditions of the stomach and intestines, in which the disturbance is due to a dificiency of the principles which this compound contains. It will be found serviceable in the treatment of the summer complaint (indigestion) which will shortly afflict the infants.

Mrs. Garrison, in the *Sanitarian:* "I wonder how any woman who has ever kissed a clean man can go through the pretense of kissing a tobacco chewer. Did you ever see one suffer the penalty? This is how she does it: There is a preliminary shudder, and then she sets her teeth hard, holds her breath, and makes a little pigeon dip at the foul lips of the grinning beast, and then, pale with horror, flies to the kitchen where, if you follow her, you will find her disinfecting with soap and water."

Dr. Farrar, in the *Dental Laboratory*, makes a curious and astounding calculation. He estimates that not less than a half a ton of pure gold, worth half a million of dollars, is annually packed into people's teeth in the United States. At this rate all the gold in circulation will be buried in the earth in 300 years. Also, that three millions of artificial teeth are annually supplied, and that only one person in eight has sound teeth.

Lager beer having been highly recommended by a writer in one of our medical journals as a cure for albuminuria and stone in the pelvis of the kidney, the Cincinnati *Lancet and Clinic* is led to remark that the same remedy has been extensively employed in Porkopolis for stone in the scrotum, a disease which afflicts nearly fifty per cent. of the human family. No cures are, however, thus far reported.

Original Articles.

Diphtheria and Diphtheritic Laryngitis.

BY W. S. WATSON, M. D., NEW HOLLAND, ILL.

This is pre-eminently a disease of childhood, incubation uncertain, and only in exceptional cases are we able to ascertain the incubative period. Diphtheria may be primary or secondary, the secondary occurring during epidemics of other infectious diseases and as a complication of them. The microscope has revealed as a probable cause of this disease the fact that, in every tissue which is the seat of diphtheritic inflammation, and in diphtheritic membrane, there are present spherical bacteria. These bacteria occasionally occur in immense numbers, and sometimes more than one specimen are seen, and in long continued cases, where the system is infected, they are also found in the blood and tissues, and as the disease progresses they increase in numbers, from which we naturally argue that they multiply rapidly when once they are implanted in favorable soil. This much is seen by the aid of the microscope, yet it falls short of establishing in my mind the bacteria theory; it cannot be possible that bacteria are the prime cause. I am forced to the conclusion that this lies in something more subtle which produces those alarming symptoms—a something which produces a condition favorable to the development of bacteria. It is possible that bacteria play a part in aggravating the diphtheritic cachexia.

The common sequel, diphtheritic paralysis, is in itself an argument in favor of the view that the diphtheritic poison is something that is distinct in its nature from bacteria or septic poison, for is it not true that those who recover from septicæmia as it occurs in surgical cases, and in which bacteria are abundantly developed, have no special liability to any form of paralysis? We again not unfrequently have the prominent symptoms of blood poisoning one or more days before there are any manifestations of diphtheria within the buccal cavity. A third reason for disbelief in the causative relation of bacteria and for believing that the disease is dependent upon something different from bacteria, is the result of the local treatment, as spoken of by members of the profession in our journals. Such strong disinfectants as Monsel's solution, carbolic acid and muriate tincture of iron, I have often commenced using at the earliest moment possible to detect any membranous formation, and had them used often and thoroughly, with a view of preventing the progress of the disease, and yet was not able to prevent the occurrence of undoubted symptoms of blood poisoning coming on as uniformly as if nothing had been done. The constitutional nature of this affection is further argued by the condition of the kidneys. The relation and situation of these organs make it necessary that the poison must first pass through the system before it can affect them. And still further, it is a law in pathology that diseases which have an incubative period are constitutional affections. An inspection of the fauces is usually necessary to a diagnosis of diphtheria especially when the case has continued for a few days. There are cases, however, which vary from the typical form, and in which the diagnosis is correspondingly difficult; and especially would this be so were we to look for a local affection with a false membrane filled with bacteria as the only diagnostic indication. It is a fact that there are cases in which no exudation or pseudo-membrane is to be found, and yet the disease exists, as manifested by all of the constitu-

tional symptoms usually accompanying this affection. Of course, in a few cases the false membrane is out of our sight, from being situated below the larynx.

An exudate occurring upon the tonsils or within the fauces is sometimes mistaken for false membrane of diphtheria. This error is commonly due either to a hasty examination or to the examination being made with too great a fear of hurting the patient, rather than from any inherent difficulty in discriminating a follicular or viscid secretion from the fibrous exudation of true diphtheria. If the appearances within the buccal cavity do not give a satisfactory diagnosis, it is then necessary to look to the urine and the constitutional symptoms. Albumen in the urine is found in almost all, if not all, cases of any gravity, and materially aids in making out the diagnosis, whether the urine contains fibrous casts or not. An examination should be made in all doubtful cases.

Since pathology has thrown so little light on the subject, it is not at all remarkable that a diversity of opinions should exist as to treatment of this affection. While one practitioner applies his disinfectants and antiseptics with a view of destroying bac teria as the prime source, another holds an opposite view. My views are somewhat at variance with the general plan. It is proper to sustain the patient by stimulants and tonics, thus enabling the system to throw off the poison or withstand its effects. Local applications may be employed to meet special indications, but should never be of an irritating character; a forcible removal of the false membrane is useless, as it will reappear with as much certainty as though it had been undisturbed, and, in addition, such forcible removal endangers the life of the patient from hæmorrhage. In diphtheritic croup, inhalations are about our only hope, and these should consist of lime, turpentine, or such mild acids as strong vinegar to which has been added considerable common salt. The chlorine of the salt has a great resolving power over these membranous troubles, and the vapor of the vinegar often produces strong efforts at coughing, which not unfrequently temporarily dislodges a quantity of mucus, and thus so relieves the difficulty in breathing as to admit of internal medication to more fully remove the accumulations. Turpeth mineral has no equal in producing emesis in these cases. The doses may be repeated as required, and it causes none of the usual depressing effects attending the use of other emetics. The great value of this agent in diphtheria was impressed on my mind by Prof. Barker, of Bellevue Medical College. After free emesis is produced in diphtheritic croup, it is necessary to give plentifully of stimulants, as brandy, and tonics, of which latter quinia and iron are the best.

L. B., æt. 7 years. September 27, 1879. Found the boy suffering from what I diagnosed diphtheritic laryngitis, temperature 101° F., at 6 P. M. Respirations labored, dyspnœa marked, surface bathed with moisture, moderate swelling of the tonsils, general redness of the fauces, no exudation in sight. Patient had complained of sorethroat for some days, and it was now evident that the boy was in a critical condition. Symptoms of blood poisoning were prominent. His respiration was very much embarassed and stridulous, pulse 90, small and irregular, cough croupy and muffled. I ordered inhalations of slaked lime under a tent, and also used alternately the vinegar and salt, the steam being produced by having the solution of vinegar and salt in a large iron pot into which hot bricks were dropped as often as needed to keep up the vapor. After the inhalations had been continued for some eighteen minutes breathing became somewhat easier, and a dose of the turpeth mineral was given. This was followed in five minutes by a very free emesis; at the same time large quantities of a tough fibrinous membrane was dislodged, giving marked relief. Stimulants could now be given; they consisted of whisky, a tablespoonful every hour and a half, sweetened with glycerine, the glycerine robbing it of its fiery nature. The vapor was repeated as often as the boy breathed with any difficulty. The turpeth mineral was repeated when suffo cation seemed imminent, each time being prompt to act and with no apparent depressing symptoms. I gave quinine, as in all cases, in doses suited to the age. Tincture of iodine was applied over the larynx once in six hours. On the fourth day the breathing had become natural and temperature normal. There were no sequelæ excepting a slight paralysis of the vocal cords from which he recovered under the use of nux vomica in three weeks.

In conclusion, regarding alcohol, let me say it is not alone the stimulating properties of this agent that are beneficial in this disease. It proably has antidotal powers to the diphtheritic poison. I have used it in a great many casesand in enormous doses, comparatively, and in no instance where symptoms of blood poisoning were prominent did it produce any intoxication. A very good formula for the administration of the stimulant is :

℞ Spts. vini gallici vel frumenti..... ℥ iv
Glycerinæ..... ℥ iv
Aquæ puræ..... ℥ ij

M. Sig. Given in such doses as are demanded.

I have comparatively little faith in local applications in this disease, as regards a cure.

Obstetrical Hints.

BY D. C. HOLLEY, M. D., VERNON, MICH.

Every conscientious practitioner upon being called to attend a case of parturition, probably mentally asks himself this question: What means at my command can I best use to aid this patient in accomplishing a speedy and safe delivery, commensurate with the safety of both mother and child ?

As is well known a large proportion of our tedious and painful cases occur in those possessing strong, thick, rigid perinei with soft parts not dis-

posed readily to relax; notably is this the case in the primipara and women of strong, firm fibre. Whenever I enter the lying-in chamber, and upon digital examination find this state of things existing, I almost invariably prescribe something like this, variation to be made as to quantity of the different ingredients as the indications to be met suggest:

℞ Chloral, hydrat.....
Potas. bromidi.....ää ʒ ij
Morphiæ sulph.....gr. ss
Aquæ.....ʒ iv
M.

Of this mixture I give a tablespoonful at once, and in fifteen minutes I repeat the medicine, but this time fall off to one full teaspoonful ; and now I give a teaspoonful ever fifteen or twenty minutes until the soft parts are thickly covered with the the thick glairy-like mucus so favorable to the parturient process, and only occurring when normal relaxation is rapidly taking place.

The second stage or that of complete dilatation of the os uteri soon occurs under this state of things: and now the nick of time which will test the skill of the obstetrician may soon be upon him. As long as the perinæum (supposing the head to be pressing upon it) continues to yield to the pressure of the child's head and the mother's power and the uterine contractions are up to the norm, all is well. But supposing, and the case is not infrequent, there comes a lull in the "powers that be" because, perhaps, of your anæsthetics, or supposing the perinæum resents the pressure of the childs head. There seems to be but little progress made, and this state of things may be prolonged quite indefinitely; the case becomes tedious, the patient becomes fretful and discouraged, friends are anxious, and you are earnestly importuned to render all the assistance in your power; (and you are expected to afford aid). My practice under these conditions is to bring about by the above mixture, aided, if necessary, by venesection, or enemas, a speedy relaxation of the os and soft parts, and as soon as the os is well dilated, the head fairly upon the perinæum, the parts bathed in an abundance of the lubricating glairy-like mucus, to carefully apply the forceps, and with the utmost caution add a little more power to every succeeding pain ; carefully conforming the motion of the forceps to that of the child's head as it sweeps down the curve of carus. It will be observed that the instrument may be employed both as a dilator and as a tractor. In this manner we greatly abridge the duration of labor and render it far safer for both mother and child. I willingly admit, and most earnestly affirm, that the unskillful use of the forceps is a most dangerous practice, and is emphatically "meddlesome midwifery." And he who does not possess the requisite skill or the tact readily to acquire it, should not undertake to render woman assistance in this hour of her greatest anguish and sorrow. I almost universally use an additional anæsthetic in the shape of purified chloroform and concentrated ether, equal parts mixed, carefully inhaled a little while before applying the forceps. I am not egotistical enough to suppose this practice differs very much from that furnished by most obstetric practitioners of the present day. In my practice, however, I resort more frequently than most of others to the forceps, using the instrument in a large majority of all my primipara cases.

Rupture of Gall-Bladder from Stricture of the Ductus Communis Choledochus.

WM. H. ERWIN, M. D., OAK GROVE, MICH.

I was called on the morning of April 30th to attend Bertie McM., 22 months of age, parents healthy. The child had always enjoyed good health with the exception of six weeks sickness from whooping cough. I found the child in the following condition : Jaundice, intelligence bright, pupils responded normally; the tongue was loaded with a thick white coat, but moist ; no gastric disturbance ; bowels had not moved in three days, and the last stool she had was very hard and of a clay color; abdomen somewhat tense and hard; urine like porter, staining linen yellow. Pressure in the neighborhood of the gall-bladder elicits pain. Pulse 100, temperature 102° F. Gave a dose of castor oil, and to have every hour one grain of calomel rubbed up in sugar of milk; also one grain dextro-quinine every two hours. Hot applications over the seat of pain. Twelve hours after found the child about the same ; bowels had not moved; pulse 95, temperature 101°. Treatment continued, and to have a enema of castor oil, turpentine and white of an egg. Six hours afterward the father came to my office and told me Bertie was having convulsions. Found the patient unconscious; had had three passages containing considerable mucus ; temperature 97°, pulse 120 and very feeble; respiration, twenty-eight to the minute. I had been in the room but a few minutes when the child had another convulsion, for which I gave a hot bath, which checked the convulsion, restored consciousness, and reduced the respiration. Ordered brandy as occasion should demand, with milk and lime water, and the hot bath, should she give any sign of convulsions. The child died five hours after, during which time it had had six convulsions, each of which was controlled by the bath.

Post-mortem, twenty hours after, in which I was assisted by Dr. Hitchcock of Howell: Body in good condition and well nourished. Thoracic organs healthy. On opening the abdomen found a large quantity of dark green bile lying on the surface of the liver and intestines. On examining the gall-bladder we found a rent in its outer walls near the cystic duct. The coats of the gall-bladder showed no indications of inflammation or degeneration. On examining the ducts we found a firm stricture of the ductus communis choledochus near its origin. The liver was of normal size and presented externally a dark green color. On cutting into its substance the gall ducts were everywhere dilated and thickened. Peritoneum, intestines and kidneys healthy.

I may add that very few of the tissues were discolored by bile, and that there was no examination made of the brain.

Selections.

[The following abstracts of papers read before the late meeting of the American Medical Association are made from the *Medical Record's* admirable report.]

SPINAL EXTENSION—ITS MODES, MEANS, AND MOTIVES.

Dr. Benj. Lee, of Philadelphia, read a paper on spinal extension, illustrated by numerous diagrams and accompanied by the demonstration of the author's apparatus. Vertical, inclined, and horizontal extension were successively discussed. Dr. Lee showed his apparatus for self-suspension, which he considered an important modification of existing appliances. Its mode of employment placed the extending force in the patient's own hands, robbed the operation of all its terrors, converting it in fact into a pleasant amusement.

The author then exhibited an improved "surgical table," manufactured by W. H. Johnstone, of Philadelphia, and described the method of its employment. It was thought to be the most perfect piece of mechanism ever constructed for the purpose of producing horizontal extension of the spine. The entire absence of all jerk or jar in its action enabled us to make extension to a very considerable degree, almost without consciousness on the part of the patient.

The indirect or mediate object of spinal extension was always the overcoming or redressing of a curvature, and the concomitant deformity of the trunk for a brief space of time, during which a fixed dressing could be applied, or a cast taken from which a removable jacket could be made. With the former of these plans, namely, the application of the plaster-of-Paris jacket, the name of the distinguished president of the society was associated the world over.

PHIMOSIS AS A CAUSE OF NERVOUS SYMPTOMS, WITH RESULTS OF OPERATIONS.

Dr. Geo. M. Beard, of New York, read a paper on phimosis as a cause of nervous symptoms, and gave the results of operative treatment in several of his cases. He stated that Lallemand had first brought this subject to professional notice, and to this author also belonged the credit of having organized this department of surgery and neurology. Dr. Beard then reviewed the literature of the subject, and finally formulated his conclusions as follows:

First.—There were a large number of neurasthenic symptoms in addition to those previously referred to by writers. These might be caused or aggravated by phimosis, or the presence of this condition might interfere with their cure. Adherent and redundant prepuce might act in the same way. Among these symptoms Dr. Beard mentioned:

1, Morbid fears of various kinds, as fear of society, of places (topophobia), of being alone (monophobia), etc.; 2, dilated pupils and congestion of the conjunctivæ; 3, causeless and persistent flushing; 4, sweating of the hands; 5, palpitation and cardiac oppression; 6, twitchings of muscles—the so-called fibrillary contractions; 7, lumbar and dorsal pain and tenderness; 8, general or local itching; 9, great hyperæsthesia of the urethra; 10, irritable prostate; 11, relaxed scrotum; 12, frequent and difficult micturition.

Second.—There might be a good degree of phimosis, and the prepuce might be both redundant and adherent from birth without exciting any nervous symptoms that could be traced to these conditions. In at least one-half of the healthy adults there was either phimosis or redundancy of the prepuce, with or without adherence.

Third.—When the nervous system had become depleted of its force, then this local irritation from phimosis or allied conditions might become the excitant or aggravant of nervous symptoms.

Fourth.—The great points in the operation of circumcision in these cases were thoroughness and care in details.

Fifth.—Immediate or startling results were not to be expected.

Sixth.—Long confinement after operations of this kind was not always necessary.

Seventh.—Keeping back the prepuce and stretching it was sufficient in some cases.

Eighth.—It was not well to depend exclusively upon the operation for the cure of the symptoms that were connected with phimosis. Accessory and supplementary treatment might be needed. This was the same as that employed for general neurasthenia, as described in the author's work on that subject.

Illustrative cases were then cited. Out of eighty cases of general and sexual neurasthenia, thirty-one cases, or over one-third, had either phimosis or adherent and redundant prepuce.

In studying this subject in a Russian bath establishment, it was found that at least one-half of the patrons had either phimosis or redundant prepuce.

SECTION OF THE INFRA-ORBITAL AND INFERIOR DENTAL NERVE FOR NEURALGIA.

Dr. John T. Hodgen, of St. Louis, read a paper on section of the infra-orbital and inferior dental nerve, for neuralgia. He said that by using a hook, or an elevator, after section of the nerve, this might be drawn out of its canal and then nipped off. This was done to preclude the possibility of the re-establishment of union, which would lead to the return of neuralgia.

The details of his methods of operating were then given. The inferior dental nerve was exposed by suitable incisions, and then looped up and cut. He had operated on twelve patients, operating in all twenty-four times. Sometimes, when the infra-orbital had been cut, the neuralgia had attacked the inferior maxillary, and vice versa.

THE ETILOGY, PATHOLOGY AND TREATMENT OF WHITE SWELLING.

Dr. Pancoast, of Philadelphia, read a paper on this subject and then spoke on various subjects more or less associated therewith. He first showed samples of black silk for sutures, which he preferred to the ordinary white silk, because the latter commonly contained impurities from lead salts. He then described his method of operating for varicocele, in which he employed a zinc button, and exerted great force in the tying of the ligatures. Here also he used strong black silk. Forty cases of amputation at the metacarpo-phalangeal articulation were then instanced. In these he had, contrary to the method commonly in vogue, employed a volar flap. The success had invariably proved gratifying.

A case of removal of a large steel body from the antrum was next related. The patient recovered. An instrument for cutting strictures was described and the mode of its employment shown. Deep incision was condemned as leading to a large, firm intractable cicatrix. Twenty-one cases were successfully operated on with this new instrument.

A pathological specimen was exhibited, showing the result of exsection at the shoulder-joint. A new capsule had formed six months after the operation, at which time the patient had died of alcoholism. The articular lesion was a rheumatic arthritis.

Dr. Pancoast also presented a specimen illustrating successful exsection at the hip-joint. In this case, likewise, a new capsule of very perfect nature had been formed after six months.

Another specimen was then demonstrated. It consisted of the femoral condyles which had been removed in a case of telescopic fracture of both inferior extremities. The cartilage had been exposed intra vitam, but it never became inflamed, macerating away gradually.

He next presented a specimen of ostitis of the femur, which showed breaking-down of the bone near the femoral condyles, without involvement of the adjoining articular cartilage.

Various diagrams illustrative of knee-joint lesions were exhibited. Dr. Pancoast emphasized the fact that ligaments would not stretch normally. But when altered by inflammation they readily gave way. Injected specimens of joints were passed around for inspection. These showed the absence of vascular filling in the cartilaginous portions of the articulations. Cartilage, he said, was nourished by the surrounding and adjoining tissues, not by a vascular supply.

An experiment was then performed which illustrated effusion taking place into the hip-joint, and its consequent action.

The great principle in the treatment of articular affections was rest, and not extension. The latter often had bad effects from irritation of the synovial membranes, which were the chief seat of disease.

In the stage of spastic muscular contraction of such cases, tenotomy and myotomy were recommended as tending to relieve the spasm. In the advanced stages exsection alone could be relied upon. Extension would only aggravate the disease in those stages, because the synovial structures would be additionally irritated by the extending force. The hot iron was recommended as the most efficient revulsive in articular affections. Rest, he said, must be enforced, and suitable antiphlogistic treatment combined with this, was far superior to any apparatus for permanent extension.

BATTEY'S OPERATION IN EPILEPTOID AFFECTIONS, was the title of a paper by Dr. J. Marion Sims, of New York. Battey's operation, he said, like all innovations, had had to fight its way; but he had no doubt, from the favor it had already received, both in this country and in Europe, that the time would soon arrive when it would be recognized as a legitimate operation. He had performed it eleven times; the first four cases occurring before he adopted the antiseptic method, and the last four operations being performed with full antiseptic precautions. As Listerism had rendered the operation of ovariotomy one of the safest in the whole domain of surgery, he saw no reason why it should not do the same for Battey's operation. On this occasion he desired to report the last four cases upon which he had operated. Three of these were cases of epileptoid convulsions associated with the menstrual molimen, and the other was one of hystero-epilepsy of a peculiar and unique character.

All the operations were done antiseptically and by abdominal incision. After some general remarks on the operation, Dr. Sims described his own method of procedure as follows: "I use the simple abdominal incision, as we usually make it for ordinary ovariotomy, midway between the umbilicus and symphysis pubis. The patient lies flatly on the back, with her knees a little flexed, and an incision three inches or three and a half inches long is made between the recti muscles down nearly to the pubic bones. As soon as this is done, and before the peritoneal cavity is opened, the Sims uterine elevator is introduced into the cavity of the uterus (whether in a normal position or otherwise), and it is raised by the instrument locked at right angles, and the fundus is held firmly just above the symphysis pubis by an assistant, who holds the handle of the locked instrument immovably until the operation is com pleted.

The peritoneum is now opened, and the fundus uteri is found in contact with the lower end of the abdominal incision. The fundus is grasped, the finger passed along the Fallopian tube on one side until the ovary is reached, at the same time that the fundus of the uterus is turned by the elevator to the opposite side from the ovary that we are reaching.

With the fore and middle fingers the ovary is brought to the surface, the pedicle ligated, and the ovary removed. Then, by rotating the handle of the elevator to the opposite side, the other ovary is elevated correspondingly nearer the external incision, when the fore and middle fingers are passed along the Fallopian tube as a guide until the ovary is found and brought to the surface and treated in

the same manner as the first. After we are satisfied that the peritoneal cavity is dry and cleared of all coagula and all oozing blood, we proceed to close the external incision by sutures." Great stress was laid on the importance of perfect antiseptic precautions.

SPHYGMOGRAMS, WITH NOTES OF AUTOPSIES.

By Dr. H. R. Hopkins, of New York. The sphygmograph, said the speaker, had been twenty years before the public, but had not yet received any general endorsement. Even experts could not interpret its readings accurately. There are, however, qualities in the pulse which are not perceptible to the touch, and in detecting these the sphygmograph can accomplish very much when more perfectly made and more carefully studied. The speaker then showed some tracings which he had made. These tracings were of cases of locomotor ataxia, cardiac dropsy, endarteritis, Bright's disease, and of normal pulses. The pressure at which the tracings were taken was not given, as it was not thought necessary. The speaker believed that the tracings indicated characteristic peculiarities in the circulatory system of each disease. The tracings were taken by a modification of Pond's sphygmograph. It was asserted that a peculiar trace might be found for many chronic diseases. A description of the post mortem appearances of the several cases whose tracings were shown was given.

The rule was given to mistrust the accuracy of the instrument when it failed to give a sharp angle to the tidal wave. Several other cautions were given, but much hope of attaining valuable results held out by the careful use of a good instrument.

ON THE USE OF CHRYSOPHANIC ACID IN THE TREATMENT OF SKIN DISEASES.

Dr. Robert W. Taylor, of New York, read a paper on this subject. Chrysophanic acid is derived from the Goa powder, and it is as much a cure for some skin diseases as quinine is for malaria. The strength of the ointment should be about gr. x. to ʒ i. of simple ointment. The strength may be rarely increased to ʒ i. to ʒ i. The acid is useful in chronic or subacute skin affections, where there is a superficial infiltration, and in certain scaly diseases. It will not do when the infiltration is deep. Its dangers are, its staining and its irritant properties. The acid has no anti-pruritic properties. It would be good in indurated acne, but for its staining the skin; caution should be used in applying the ointment to the face. In eczema it is useful, but should be combined with oil of cade or some other tarry oil. Two cases of obstinate sycosis had been cured by the acid. Ringworm of the body can also be cured by it.

Lichen, papular and scaling syphilides are also relieved by the same remedy. In psoriasis, however, the acid has achieved its greatest results. The speaker endorsed the high praise that had been given it for its usefulness in this disease.

LOCAL TREATMENT OF PULMONARY CAVITIES.

By Dr. Wm. Pepper, of Philadelphia. The chief indications for the treatment of pulmonary cavities are, cleansing, disinfection, and modifying the walls of the cavity. The use of inhalations, sprays, and direct injections has been employed, but, as regards the first two measures, without much success. There is one form of inhalation by which some good may be accomplished. This is by the continuous inhalation of medicated vapor. An instrument for doing this was shown by the speaker. It consisted of a kind of mask, attached to which is a small box containing sponge on which the medicated fluid is poured. This is tied over the mouth. The best medicines are carbolic acid, iodine, thymol, etc. With an instrument of this kind the bad breath due to putrid cavities, or bronchiectases, can be corrected, and probably good can be done in cases of chronic bronchitis.

It was not likely, however, that much could be done in pulmonary cavities by continual inhalation. The speaker, therefore, called attention to the value of direct injections into the lung cavities.

A number of cases were reported showing the value of this procedure. Lugol's solution, in the proportion of from ♏x., ♏xv. or ʒ i. to ʒ i. of water was used. In one case related the injections were given forty-eight times in fourteen months. The patient improved, and when he died some time afterward, from Bright's disease, the cavity was found to have been obliterated. Seventeen other cases were related or referred to, in which similar treatment was pursued, 291 injections having been made. Autopsies on some of the cases showed that contraction of the cavities was induced by the injections. Injections into caseous consolidation of the lung, in very bad cases, gave negative results.

The syringe used was like an ordinary hypodermic syringe, but had a larger barrel and longer needle. Lugol's solution and carbolic acid were the only agents suggested. The skin should be first chilled with ice; the injections should be mild at first. There is no danger in such injections, cough and and pain being the only symptoms excited.

RESTORATIVE REMEDIES,

was the subject of a paper read by Dr. J. R. Uhler, of Baltimore. The speaker described a very simple method of determining the amount of nitrogen (and urea) in urine. It consists in taking two bottles, one of which just fits into the other. The smaller bottle is attached by a wire to the cork of the larger one. Into the small bottle is placed urine; in the larger a mixture of liquor sodæ chlorinat., and common salt. The two bottles, one within the other, are first carefully weighed; they are then shaken and their contents mixed together. A decomposition follows, which results in the evolution of nitrogen. This gas is allowed to pass off, and the bottles with their contents are again weighed. The difference between the first weight and the second shows the weight of the nitrogen, from which may be calculated the weight of the urea.

Two or three other processes for determining urea, not quite so simple, but based on the same principle, were also shown.

Dr. Uhler then passed to the subject of foods, and referred to the recent experiments of Dr. Roberts on the digestive ferments, in which he had stated that milk and oysters were the only two foods that should not be eaten cooked. The oyster, he said, was a food which digested itself when taken raw.

The speaker showed a specimen of cod-liver oil, mixed with cheese, which quite effectually disguised its taste. The pungency of the cheese also aided the digestion of the oil. Specimens of cod-liver oil, mixed with bread, were also shown.

The process of the manufacture of extract of malt was described and its value endorsed. Dr. Uhler had proved by several experiments that it changed starch into glucose.

Preparations of pepsine had been tested by the speaker to see how great their value really is. Microscopic examinations showed that the various specimens in the market differed greatly in value. The fresh varieties are the best by far, and many of the others are unreliable.

Dr. Uhler had devised a new process by which he hoped the pepsin could be kept active in powder form. He covered the fresh moist stomach over with gypsum. When this hardened, he pulled it off and ground up the saturated plaster. This he had found was very active, and kept very well.

THORACENTESIS,

was the subject of a paper read by Dr. C. A. Leale, of New York, in which this operation was warmly advocated. Serous effusions were said to be amenable to treatment by using a trocar. In purulent collections, on the other hand, free incisions were advised. Continuous drainage might become necessary. Restoration of the pleura and lung to their normal condition after thoracentesis, was first considered. The spontaneous cure of empyema by discharge per bronchi was next alluded to. A case of empyema, entirely cured without the operation was mentioned.

The point of election for performing the operation was also referred to. Other points were then set forth, and the following conclusions presented:

Thoracentesis was easily performed, and required no special instruments.

It ranked among the surgical operations most conspicuous for saving of life.

Thoracentesis was justifiable to prevent pain and prolong life, even when an ultimate recovery of the lungs could not be expected.

Complete absorption had followed thoracentesis, when pus, air, or serum had been left in the pleural cavity.

The pleuræ might be restored to health after thoracentesis.

Hectic fever, the result of unhealthy decomposition, ought to be relieved by a free incision.

The author's recorded illustrations had shown that thoracentesis could be successfully performed on the nursing infant, as well as on the adult. That it could be resorted to when both lungs were diseased, and even in far advanced pulmonary consumption. That relief from distressing suffocation could be obtained, life prolonged, and painful death averted.

CYSTOTOMY FOR CYSTITIS IN THE MALE.

Dr. Robert F. Weir, of New York, read a paper upon the above subject, which embodied the results of forty-seven cases, in which the operation of cystotomy for cystitis had been resorted to. It opened with a short but interesting historical account of the operation, which was presented to the profession by the venerable Dr. Willard Parker, in 1867, in the "Transactions of the New York State Society." Dr. Parker's claims to priority in this matter were shown to be valid.

Of the 47 cases collected by Dr. Weir 13 died, 10 of which deaths were due to advanced kidney diseases, and only 3 to the operation itself. Of the 34 cases that recovered, 23 were cured by the operation absolutely, or were so much relieved as to be able to return to their vocation, to hold their urine for several hours; 7 were relieved to a moderate extent, and 4 completely failed in affording any benefit. Not all, however, were treated by lateral lithotomy, in only 32 cases was this method used, the bilateral incision five times, and the median ten times. When the median section was resorted to, in six of which a cure resulted, either a supplementary incision (three times) into the prostate was done, or the finger (once) or two fingers (once) were introduced into the bladder, or by a bivalved speculum the vesical orifice was stretched (five times) to the diameter of an inch. Hence, when the median operation was resorted to, incision or laceration of the prostate was of necessity conjoined with it. A permanent fistula was more apt to occur after the median operation. To afford success, not only a free opening into the bladder, preferably by the lateral incision, must be made, but also the wound should be kept open as long as possible by either introducing the finger or a large tube frequently during the first ten days after the operation, and after that time oftentimes a tube can be permanently borne. Dr. Weir also cited a number of cases where, in the performance of lithotomy or cystotomy, the hypertrophied median lobe or other portion of the prostate, had been removed without enhancing the risk of the operation, and advised, after consideration of the subject, that an endeavor should, if possible, be made in the performance of cystotomy in the aged (or past fifty-five) to remove any enlargement of this gland.

Dr. Gouley, of New York, remarked that no patient would get well after cystotomy unless there had been a free division of the urethro-vesical orifice. Rest alone would not effect a cure. Mercier, it was said, had reported about 400 cases of such division of the urethral valvule. The prostatic valvules were also incised by this physician. In some cases, however, even valvular division would not produce desired result of an effectual cure.

[*Concluded in next number.*]

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Editorial.

Medical Education.

He must be a very pessimist, or a poor observer, who has failed to detect signs of improvement, particularly during the past year, in the direction of medical education in this country. The recent action of the Association of American Medical Colleges in resolving to require of the colleges belonging to it, the enforcement of attendance upon three courses, of at least twenty weeks each, during three distinct years, as one of the requirements of graduation, is but a formulizing of the sentiments of the better part of the profession, a part of the profession to whose will all the schools must finally succumb, notwithstanding the present opposition of some of them. The resolution referred to was carried with a singular unanimity, Jefferson College of Philadelphia, alone being opposed to it, but will of course while remaining a member of the Association be bound by it. The change proposed will go into effect at the sessions of 1882-83, by which time the colleges outside of the Association will doubtless have sufficiently felt the force of professional opinion to induce them to fall into line, and thus redeem the name of American medicine which with too much reason has heretofore been a reproach.

It is with no small amount of pride that we point to the records of the medical colleges of Michigan on this question. Anticipating the action of the College Association, two of these schools, the Detroit Medical College and the Michigan College of Medicine, fixed their requirements at three graded courses of six months each, in three separate years, together with an additional, optional but strongly advised, spring course of fourteen weeks in each year. The Medical Department of the University has (only temporarily we hope) so far receded from this requirement as to admit students to a second year's course who are able to pass the required examination regardless of previous attendance at lectures.

An additional cause for State pride in the matter of medical education exists in the fact that the matriculation examination of the Michigan College of Medicine is recognized by the Medical Council of Great Britain and Ireland. Thus will students who have entered upon their studies at this college be permitted to continue them at any of the British Medical Colleges. This is a privilege which, we believe, is enjoyed by the matriculants of no other American Medical College and is a recognition which the new college is to be congratulated on receiving.

The above facts place Michigan in the van of the cause of advancing medical education. A Chicago contemporary some time since declared that "Harvard is ahead!" It is to be feared that our esteemed contemporary allowed his predilection to bias his judgment. In our opinion Harvard, notwithstanding her pretensions, is scarcely in the front rank, to say nothing of her being first among the first. The report of Professor N. S. Davis, of Chicago, and S. D. Gross, of Philadelphia, to the American Medical College Association at its last memorable meeting state our reasons for this opinion very pointedly:

"By a careful examination of the annual announcements of the colleges of legitimate medicine in the United States for 1879-80, we find about three-fourths of the whole number complying fully with all the requirements for membership in this Association. We find several of the remaining ones complying with all the regulations in regard to time, means, and amount of instruction furnished and qualifications required of the student, but failing in some particulars in relation to the exaction of *fees* for instruction. And a few come short more or less either in the amount of instruction furnished, or in the time of attendance required, or in both. Some of these serious short comings are in institutions where we should least suspect their existence, for instance, in the Medical School of Harvard, at Boston, there is certainly nothing in their annual catalogues to hinder a student from receiving the degree of M. D. from that institution by an attendance on simply one college year, which means merely nine months." * * *

"We are sorry to perceive that in regard to permitting students to take advanced standing in such a way as to make a degree accessible by attendance on only one collegiate year of medical instruction, the example of Harvard has been followed by the Medical Department of Yale, and posssibly some others. If we have not misinterpreted the catalogues, the very school which has made more pretentious appeals for the sympathy and support of the whole profession, on account of the great advancements she is making in elevating the standard of medical education in this country, is to-day offering her diploma for a less amount of medical college attendance and instruction than any other respectable school in this country." * * * *

"Hence it is that we are in the midst of an era of an enormous show of medical instruction, as represented in the college announcements, a trifle more than half of which the students are obliged to attend, while the other half goes mainly to empty benches. The latest addition to this side-show business is the notice sent out by the faculty of Harvard, for which she is now receiving a fresh supply of gratuitous

advertising in the medical journals, stating that hereafter she will add a fourth year of medical instruction to her already extended system. True the notice states that it will be mainly a continuation of the studies of the third year, and that attendance upon it will be entirely optional with the student. But if the latter does graciously condescend to attend this fourth year before he graduates, he is permitted to have added to his title of Doctor of Medicine those remarkable words, "*cum laude.*" We have always supposed that any student who so desired had the privilege of adding a fourth, fifth, or even a sixth year to his medical studies in any medical college in the country. At any rate we have known several rather dull young men who were obliged to attend a fourth year, and one even a fifth year before obtaining a degree. But this era of make-shifts and pretentions, of more show than substance, of superabundant provisions for instruction without requiring the student to attend more than half of it, must soon come to an end. It is in the nature of things only a transition period."

Such an arraignment in an official document by two of the oldest teachers and leading physicians of the times will direct the eyes of the profession to Harvard, and she will not be able to bear the scrutiny.

Michigan is ahead !

The Name "Eclectic."

It is a suggestive fact that leading members of the sect in medicine known as Eclectics have recently been growing restive under their title. The word is, etymologically, such a one as the broadest scientist and the most advanced physician would feel honored in having it applied to him. Conventionally, however, it has come, in medicine, to mean a class of physicians who for some reason, which we have never been able clearly to comprehend, have formed themselves into a sect antagonistic to those who are truly eclectic. The scientific physician is an eclectic in the true sense of the word ; he is a rational empiricist, making use of all means in his efforts to arrive at truth, but making actual experience the touch-stone of worth. He is a physician without any qualifying term, and he prefixes the word "regular" under protest, using it as the least objectionable of the terms which the language affords, to distinguish him from those whom he regards as unscientific from the fact that they either seek to conform their practice to a dogma, or who practicing on scientific principles, as far as these principles have been ascertained, are guilty of conduct which both the written and unwritten code of an honorable profession declare to be unethical.

The sect of practitioners in this country known as Eclectic had its origin with a class of men who placed unusual reliance in their practice on drugs of vegetable origin. These men have done a good work, and have correspondingly advanced the cause of medicine in introducing to therapeutics a number of valuable indigenous herbs, and in the persistency of their advocacy of them arousing the regular profession, so-called, to a sense of the merit of these drugs. It has latterly, however, been patent that the "regulars" vie with the "irregulars" in their investigations into the merits of the vegetable materia medica. This being the case the *raison d' être* of "eclectic" school has disappeared, its occupation, like that of Othello, has gone, and prominent members are beginning to urge the relinquishment of the name. A certain few of the school have committed them to the dogma of specific medication, but we do not understand that the Eclectics as a class are committed to it or even regard it with the least degree of favor.

The following letter to the Chicago *Tribune*, bearing on the above question, from Dr. H. D. Garrison, of Chicago, an old time eclectic, and a leading practitioner and writer of that school, will be read with interest, both because of its connection, and because of the sentiment it conveys :

"Chicago, May 21.—Observing that my name was used in your issue of the 20th as a member of a committee of eclectic physicians of this city, I feel impelled to publicly state that I do not wish to be longer regarded as belonging to any particular school or party in medicine.

"The original and cardinal doctrines of the eclectic branch of the medical profession, viz. : opposition to general blood-letting and other depletory measures, and to the use of mercurials, antimonials, arsenicals and preparations of lead for their constitutional effects, have been so fully indorsed and practically accepted by the regular (allopathic) school of medicine that I consider further partisan strife in this respect as unwarranted by either the interests of science or humanity.

"On the other hand, the numerous remedies introduced by eclectics have been so generally tried and adopted by all schools of practice that I perceive no reason for further special efforts in this direction.

"It is true that, as a rule, the introduction of these remedies has not been credited up in medical literature to those who were really deserving of whatever credit was due; but if the mercilessly exact judgment of advancing science shall pronounce many of them to have been as much overrated as I now believe they are, the present just cause of complaint in this regard may become a matter of congratulation.

"The generous liberality which I have always fancied, at least, to be characteristic of eclectics, has for some time been the strongest tie between me and them; yet I suspect some of them will never forgive me for ceasing to contend for a victory which I consider won.

"Feeling the same profound sympathy for all, whether allopathic, homœopathic or eclectic, who are earnestly endeavoring to mitigate human suffering and extend the boundaries of scientific knowledge, I wish to be regarded as friendly to and by all laborers in the field of science."

Duped Doctors.

It is reported in the *Union Médicale* that a physician in high standing in France received in payment for services rendered a prominent financier, a number of shares of stock in a new society which the latter had founded. The stock having been kept for some years and never having brought any dividends, were locked away in a strong box and forgotten. Recently the doctor was condemned to pay an assessment of ten thousand francs on his stock, the company having become bankrupt. Another doctor received in payment for services a cask of white Barsac wine. After a time the donor died and on examination of his books there was found the entry of Barsac wine valued at three hundred francs. This the doctor was obliged to pay, and upon claiming payment for his own medical services he was informed that a year had passed since they were rendered, and payment was not, therefore, recoverable.

The above are cited as illustrations of the manner in which medical gentlemen are taken in by the public, and the doctors are commiserated on the imposition practiced on them. In our opinion the man who will thus suffer himself to be duped is entitled to no pity, be he a doctor or layman. The commercial world is adjusted on the supposition that those entering it are at least not simpletons, and if a doctor undertakes a commercial transaction he takes his chances with the rest. It is too much to expect that the laws of trade are to be especially adapted to any man's stupidity, even though that man happens to be a doctor of medicine. In the first case cited the physician took certain stock in lieu of currency. The stock proved worse than worthless, and hence we are called upon to specially pity the unfortunate buyer. In the second case it was manifestly the physician's place to have had the proper receipts passed when he took wine for his pay, and his failure to do so but illustrates the ignorance or stupidity which is at the bottom of most of the failures which attend the ventures of men educated to science, in their essays in commercial transactions. Business of all kinds, and especially that of stocks, has become a contest of wits, and as in all such contests, it is conceded to be unwise to attempt to beat a man at his own game it follows, theoretically, that it is the part of wisdom for physicians to keep out of them. It pays in the long run for the shoemaker to stick to his last.

It was remarked by one of the New York papers on the occasion of the late meeting of the American Medical Association in that city that it was strange that in such a fine looking body of men and one representing so much intelligence there should be so many poor men. It is not strange. Wealth lies not in the direction of the general practitioner. The average practice of the physician of this country probably does not yield an income of over $2,500 a year. Many practitioners who have been in practice for many years realize more than this, but the great bulk of those who have been in practice less than fifteen years make considerably less. This income does not do much more than to afford a comfortable living to the economical, and a decent education of his children, while those of extravagant habits find it hard to limit their wants to its capacity for supplying them. The same energy, native ability and industry, devoted to business usually yields an income of at least three or four times this amount. Medicine furnishes to the plodding and painstaking a respectable livelihood, but the young man whose ambition it is to lay up wealth will gratify it much more fully by adopting some other pursuit. Those who are in practice and have got a few thousands ahead usually have cause for regret when they undertake to make it profitable except through investment in real estate.

Miscellany.

Points in the Surgery of the Urinary Organs which Every Practitioner ought to Know.—The first point was that retention of the urine in children was always caused by a stone unless there is some mechanical obstruction in the escape of urine, such as a contracted meatus or tight foreskin. Second point—That incontinence of urine which is diurnal as well as nocturnal may be caused by a calculus impacted in the deeper portions of the urethra. He explained how it was that in one case a stone would give rise to retention, and in another to incontinence. When a calculus was at the meatus internus it was accurately and firmly embraced by the sphincter, so that no urine could escape. When, however, the stone advanced half an inch further forwards, it acted as a gag and prevented the sphincter from closing, so that the water dribbled away along the sinuosities in the calculus. Third point—That incontinence of urine in boys may be caused by a congenitally-contracted meatus. If the urine could not escape freely in the act of micturition, reflex irritation was set up, and dribbling took place. Fourth point.—That dribbling of urine in men signifies retention not incontinence. He explained the apparent paradox showing how in cases of enlarged prostate or stricture, the patient always left some urine behind after each act of micturition which gradually accumulated, the over-distended bladder not being able to contract on its contents, the action of the sphincter being still perfect. At last, however, the stricture became weakened a little by the great pressure, and leakage followed, so that the urine was always dribbling away. Fifth point.—That if, when a catheter was passed to a man the urine was expelled with great pain and violence, not only through the instrument, but in streams by its side, there must be calculous impacted in the deeper portion of the urethra. Sixth point—That it is not possible to empty every man's bladder with a catheter, as the organ is sometimes saeculated. Seventh point—That a gleet of more than six months' duration means an incipient strict-

ure. Eighth point—Behind an enlarged prostrate always suspect a stone, as there are in that complaint all the conditions present for the local formation of calculus. Ninth point—If a man who complains of painful and frequent micturition is worse in the day than at night he most likely has a stone. Prostatic cases were very much worse at night than in the day, whereas calculous were most comfortable whilst in bed, but when they moved about in the day they suffered greatly from the movements impressed on the stone. Tenth point—When a man who complained of frequent and painful micturition was very much worse when riding in a vehicle or on a horse, he most probably suffered from stone. The explanations in the former point applied exactly to this also. Eleventh point—Before delivering a child see that the mother's bladder is empty. Twelfth point—If a woman has retention of urine after childbirth, she ought to be relieved with an elastic olivary catheter, the interior of which was completely filled by a bougie. For the want of this precaution the catheter often became plugged with mucus, and cystitis was set up by the nurse's ineffectual attemps to withdraw the urine.—*Mr. Teevan, in Med. Press and Circular.*

"Death in the Frying-Pan."—"A few weeks ago we had occasion to publish some remarks," says *The Ironmonger*, "with regard to certain proceedings which had taken place in Dublin. In that instance the evil complained of existed in an undoubted form, but in connection with very cheap classes of goods which were being given away by sundry enterprising grocers of the Irish capital as an inducement to members of the public to purchase their tea. We have now a much more serious case placed before us—not the worse because it has arisen in London instead of in Dublin, but because the articles in question are sold at a good price in a respectable shop, instead of being the mere 'sprats' thrown out to catch the tea-dealer's mackerel. A correspondent, for whose *bona fide* and responsible social position we can vouch, in a letter printed on another page informs us that when recently in London he bought a 'tinned' wrought-iron fishpan at one of the first West-end shops, the charge made being about 15s.—a sum which should have insured a good and innocuous article. Feeling somewhat suspicious as to the composition of the lining of the stewpan, however, our correspondent narrates that he decided to go to the expense of having it analysed, in order that he might, if possible, avoid the risk of being slowly poisoned. Having removed the inside coating it was sent to Mr. Jones, the public analyst for the county of Stafford. That gentlemen, having subjected the materials to scientific examination, made a report giving the following startling particulars:—Lead, 63.81; tin, 30.05; iron, 5.28; and copper, a trace! We have no desire whatever to assume the *rôle* of alarmists, nor do we for a moment wish to involve the good and the bad alike in one condemnation, but we are certainly of opinion that a result such as this is calculated to upset the equanimity of even the calmest persons. By common consent, lead is a slow but deadly poison, and its known use in connection with cooking-utensils is universally and properly tabooed. Here, however, we have an article purporting to be tinned which in reality contains over 60 per cent. of lead, so that the unsuspecting consumer is not only cheated by having an article worth about one-fifth of that which he pays for palmed off upon him, but is subjected to the imminent risk of having himself and family poisoned into the bargain! Inspectors who have hitherto contented themselves with testing our food should at once turn their attention to the utensils in which that food is cooked. We beg to call the attention of the Board of Trade to this hitherto unsuspected source of poisoning, and we do so with the greater confidence now that that influential department is presided over by a gentleman so intimately acquainted with the hardware trade as Mr. Chamberlain the member for Birmingham.

A New Hippocratic Oath.—At the recent commencement of the medical department of Willamette University, Oregon, Dr. Plummer, dean of the faculty, administered to the graduating class the following oath, an imitation of and substitute for the old Hippocratic oath:—

Do you in the presence of Almighty God and these witnesses pledge yourself, according to the best of your ability and judgement, to observe this oath or obligation?

To obey strictly such laws as are instituted for the government of the medical profession, and by unwearied diligence to resort to every honorable means of enriching the science, and to entertain due respect for your seniors who have, by their labors, brought it to its present elevated condition.

To follow those rules of life that you consider best for your patients, and for the whole race of man, and endeavor to enforce them, both by precept and example, abstaining from whatever is deleterious or mischievous. To give no drug or medicine to any one with a view of taking life, neither to suggest such thing to any one. To use no means for procuring abortion, unless it be for the salvation of the life of the mother, and to especially discountenance the wicked and wanton crime of pre-natal murder.

And in purity and holiness to practise this art—and that into whatever houses you may go, in the practice of your profession, it shall be for the benefit of the sick, and not for any mischievous or immoral purpose. That you will not divulge whatever in connection with your professional practice you see or hear in the life of any one that ought not be spoken of abroad—deeming that all such things should be kept secret.

Response.—I do.

Thus by keeping this obligation inviolate, and leading a just and upright life, may you expect to enjoy life and health, and be prosperous in the practice of the art and calling of medicine, and be

respected among men. But should you violate this oath or obligation, or in anything set a bad example, may the reverse be your lot.

MACERATION OF THE FŒTUS.—In one of his clinical lectures (*Gaz. des Hop.*, January 27), Prof. Depaul observes that at the present day we readily admit that the death of the fœtus *in utero* need in nowise compromise the health of the mother ; but some thirty years ago a frightful picture was still drawn of the effects of such an accident, and the idea has not disappeared from the mind of the public. Indeed, such fear does the death of the fœtus sometimes cause in a family that it is necessary to take precautions in announcing it. This comes from confounding maceration with the putrefaction, although they entirely differ from each other. Putrefaction occurs when the contact of air gives rise to changes in the tissues contained in the uterus, and may develope very serious symptoms, as, for example, when the membranes are not expelled after an abortion, and become putrefied, But the infant being enclosed in a double sac, the air cannot gain access to it; and, instead of putrefaction, maceration results. Sometimes the dermis of the infant is raised into ampullæ, whence exudes a sero-sanguinolent liquid that gives to the amniotic fluid the color of wine-lees, which is rendered still darker by the meconium that is expelled on the relaxation of the sphincters just before death. It would seem that some of this liquid is absorbed, as it is diminished in quantity, while its color becomes as dark as coffee-grounds. On analysis, blood in an altered condition and the elements of the meconium are discovered. An infant may remain in this state within the uterus for some months, especially in twin pregnancies, when one of the infants compressing the other, causes it to become flattened and atrophied so as to exactly resemble a little gingerbread figure. These details may prove of importance in legal medicine; for when a woman has been accused of infanticide it may be shown that the infant has been dead for some time from disease of the placenta or from other causes.

NOT ASHAMED OF THE PROFESSION.—We opine there are few instances on record of members of the medical profession being allied matrimonially with Royalty. An instance of this, however, occurred in Germany a few days ago, when Princess Pauline, daughter of the King of Wurtemberg, marrried, at Carlsruhe, Dr. Wilm, a young medical practitioner, of Breslau. It appears that the happy man had been attending professionally, in the absence of his superior, the mother of the Princess, who became enamoured of him, and intimated to her parent her determination to marry him. Consent was only obtained on her renouncing all the privilages, rights and honors due to members of royal families. During the performance of the marriage ceremony, to which many princes and princesses lent their presence, the officiating minister took upon himself the liberty of lecturing the bridegroom upon the honors and privileges his bride had renounced in order to marry one of so lowly a station, a fact he seemed most anxious to impress upon him. Whereupon the princess, with becoming dignity, effectually obliterated the officious parson by boldly declaring before the assembled guests that far from being ashamed of the alliance, it was the proudest moment of her life to make so noble a man her husband, and that her present and future happiness was much more precious to her than the supposed privileges she had lost.

NICKEL PLATING WITHOUT A BATTERY.—The *Engineer* publishes Prof. Slatba's new unpatented process for nickle-plating in the wet way without the use of a battery. To a dilute solution of chloride of zinc (5 to 10 per cent.) enough nickel sulphate is to be added to impart a decidedly green color to it, and the solution is then to be heated to boiling in a porcelain vessel. The clouding of the liquid from the separation of the basic zinc salt need not be heeded as it will not interfere with the effectiveness of the bath. The articles to be nickel-plated are first freed from oxide or grease, and then suspended in the solution from thirty to sixty minutes, the bath being kept at a boiling temperature. When the articles are observed to be uniformly coated they may be removed, washed in water, in which a little chalk is suspended, dried, and finally polished with chalk or other suitable material. By the substitution of a cobalt salt instead of nickel, objects may be similarly coated with cobalt.

DIMPLES TO ORDER.—A New York paper heralds a manufacturer of dimples, who comes from Paris, of course, and whose *modus operandi* is described as follows : "I make a puncture in the skin at the point where the dimple is required that cannot be noticed when it has healed, and with a very delicate instrument I remove a slight portion of the muscle. Then I excite a slight inflammation, which attaches the skin the subcutaneous hollow I have formed. In a few days the wound—if wound it can be called —has healed, and a charming dimple is the result."

Dr. Fordyce Barker has no objection to women in the profession. He said in reference to women practitioners, in a recent speech, "I think it is regarded outside the profession as a question of feeling rather than of reason, and that the general sentiment is that if there be those of the fair sex who feel it to be their mission to become healers of the sick, if they demonstrate their fitness for the vocation by the possession of brains and the requisite professional knowledge, they should have the right of trial. Now I will ask whether it will not effectively aid in placing the profession in such public estimation as is its due from its high aims, its

importance to the community and to the well being of society, if we can show the world that we fear no competition from any quarter, and are ready heartily and gracefully to concede that those who win the epaulettes shall wear them ?"

A member of the National Eclectic Medical Association at the Detroit meeting, two years ago, presented as a pathological specimen a heart, in the wall of one of the ventricles of which, a burr had become encysted. He has carefully nursed both heart and burr ever since, refusing to let it go out of his possession for a microscopic examination. The *Eclectic Medical Journal* is authority for the statement that that "burr" has stuck to the caudal appendage of the Association like a tick to a sheep's pelt in freezing weather. The refusal of the member who owns it to give into the hands of a committee of the Association at the late Chicago meeting for a critical examination, resulted in his being sat down on by that body. The "burr" will, therefore, henceforth no more worry the caudal end of the association; it will now cling exclusively to the member who so tenderly cares for it.

The following verdict of a coroner's jury in Buffalo tells the story of a death from chloroform on May 18th last: That the said Frederick J. Turner came to his death from fatty degeneration of the heart, while inhaling the vapor of chloroform preparatory to undergoing a surgical operation solicited on his part. That the inhalation of said vapor caused great excitement and muscular effort which, together with the fear of operation, were the exciting causes of his death. The jury further find that the chloroform was a proper anæsthetic, and was adminstered in a careful and skillful manner, and that the attending physician took the neeessary precaution to make a physical examination before giving the anæsthetic, and he and his assistants are exonerated from all censure.

Oiled wheels run smoothly. God bless the man or woman who first suggested grease in obstetric practice ! Patience, perseverance and grease will help a fellow out of many a painful difficulty in the lying-in-chamber. Depend upon it, there is nothing like patient pluck and prudent perseverance in midwifery ! These two guiding principles are worth all the instrumentally meddlesome midwifery in Christendom. They are full of gentleness, mercy and courage in defense of her who cannot defend herself. There is no soulless steel in these tender and worshipful vigils. There are no instrumental arguments in this God-like work. They are conservatives, and conservatism is the essential principle of all permanent success in the practice of medicine. —*J. G. Singleton, Paducah, Kentucky.*

The people are becoming aroused to a sense of the importance of advanced medical education. An acute newspaper man, one of the class who keep their finger on the public pulse, says, in the course of an article on this subject: "Those professions which tried to be liberal, as the alluring phrase goes, have not gained in consequence. The world honors the conservative bank ; it does not complain when universities draw sharp lines ; it declines to respect the judge who disregards the law that some side may be pleased ; it reveres the professional man is who loyal to his vocation. Men can be treated liberally and forgivingly ; but truth and scienee abhor the easy-going votary. A problem in mathematics wants to be solved, not patronized or liked. A stern profession wants close disciples or none.

A corner on opium is threatened if, indeed, it has not already been actually consummated. The average crop is about 75,000 pounds which is about the amount consumed leaving but a small surplus. Last year, owing to the heavy rains in Turkish Asia, there was only a half crop. This with the surplus of the previous year makes about 60,000 lbs. on the market, of which amount about one-half has been syndicated by New York and London men. The price has already risen from about $4.50 per lb. to $7.00.

At Raab, in Hungary, a few weeks ago, a criminal after having been hanged and pronounced defunct by the functionaries, was handed over to a doctor who applied the battery and artificial respiration with the effect of recalling the hanged from across the bourne whence none are said to return. His stay, however, was only temporary, for delirium tremens with meningitis supervened and took him off beyond the possibility of his coming back, in corporeal substance at least.

Judge Hines, of the Kentucky Court of Appeals, has decided that according to common law, abortion produced prior to quickening, and done with the consent of the mother, is not a punishable offense. Consequently in such States as have no special legislation on this subject, Kentucky being one of them, abortionists can ply their murderous vocation with impunity. Most of our States have provided against the crime by statutory enactment.

St. Louis for years prided herself and boasted of her low death rate, the annual death rate, according to her computation, dropping some months as low as 10 per 1,000. This showed her to be a remarkably healthy place to live in. She estimated her population at 500,000. The U. S. census enumerators have lopped 125,000 from this number, and now that the city is not only smaller than Chicago but also not a whit healthier, the Chicagoese are happy.

Prof. J. H. Pooley, we are informed has resigned the chair of surgery in Starling Medical College. The *Ohio Medical Recorder* says he was the most efficient teacher in that college and that his place cannot be filled. We are sorry for this, and as the *Recorder* is essentially interested in the success of a rival school it, doubtless, also grieves over the sad fact which it publishes. We hope Starling will not be obliged to close up.

A man in Paris was poisoned through a druggist's mistake in putting up eight grammes of laudanum

on a doctor's prescription which read eight drops. The druggist was sentenced to three month's imprisonment. His counsel urged as an extenuating circumstance that although the man died his client had caused his death to be painless. Whether or not the lightness of the sentence was due to this claim does not a pear.

Dedicated to Mr. Tennyson by the *Western Lancet:*
Out of your depth, my boy, out of your depth,
At embryology don't try your hand,
Until at least you understand
How ova are developed from their source,
And then expelled at labor. Take a course
Of Leishman. Then, and not till then, aspire
To clothe obstetrics with poetic fire.
Out of your depth, my boy, out of your depth.

"Jenner was a disease-maker, and blind empiricism his guide. The graduate of the most numerous medical schools to-day are disease makers and blind empiricism is their guide; and who will say there is progress among them except from bad to bad." Thus raves a "physio-med," Baird by name, in the *Physio-Medical Journal.* Of course everybody knows what a "physio-med' is. He is an anti-vaccinationist at least.

The Prince of Wales recently, on behalf of his mother, invited a number of medical men to dine with him. The invitation has been considered a matter of sufficient interest to be largely dwelt upon by our English contemporaries and the gentlemen on whom this unprecedented honor was conferred are now regarded as extraordinary beings. Toadyism still lives and our English brethren do their share toward nourishing it.

A Minnesota doctor, Turner by name, says it is possible for man to fast as Christ did for forty days and forty nights, and he is now undertaking the self-imposed task without fee or hope of reward in New York city. At this date he has gone twelve days without eating a morsel. He is being closely watched to prevent imposition. He has lost 17¾ lbs. He says fasting renews the man.

A bill to regulate the practice of medicine introduced into the Legislature of New York, has become a law. It provides that all persons wishing to practice in that State hereafter will be required to register their diplomas with the County Clerk of their respective counties. It applies also to those now practicing, all of whom are required to register on or before the first of October.

Dr. J. W. Slater, in *Journal of Science,* says "there is a class of men—more numerous, we fear, in England than in any other civilized country—who with still more unjustifiable prejudice, condemn all knowledge not derived from books and scorn original research and discovery." This country can also boast of an occasional one of this class.

The annual income of the *British Medical Journal* is about $70,000, of which about $25,000 are from advertisements, and yet we hear of no complaints that this journal is conducted in the interests of the drug business. It is only American fastidiousness that originates such objections to this legitimate branch of medical journalism.

A correspondent suggests that in the estimate given in our last issue of the amount of gold employed in dentistry and withdrawn from circulation, an error is made in losing sight of the fact that the large majority of teeth which have been filled with gold are extracted at some time prior to death, and that the gold is thus saved.

An eminent English physician remarks that if every medical man would examine the drainage of his own house, and learn to what extent most people dwell over pent-up pestilence, we would have an army of sanitarians earnest and keen to ferret out unsuspected sources of illness.—*Sanitary Engineer.*

New York spends about five millions of dollars in charity and pauper relief of various kinds, each year. Nearly one-half of this is raised by taxation, the rest being donated by charitable persons. This amount does not include the value of services gratuitously rendered by the medical gentlemen of that city.

The *Chicago Medical Gazette* has changed its proprietorship and with it its name to that of the *Chicago Medical Review.* It thinks this name more in keeping with the end it has in view. Perhaps it is, but we do not endorse the plan of changing the name in the middle of the volume.

Dr. Shrady, of the *Medical Record,* was elected president of the Association of American Medical Editors; Dr. Nelson, of the St. Louis *Courier of Medicine,* vice-president; and Dr. Reynolds, of the *Louisville Medical Herald,* secretary.

It is as if a medical education lifted a man into serener regions of life than those in which is waged the savage daily strife for lucre, and if it has that effect in fact it would be a good thing if medicine could be studied a great deal more than it is.—*N. Y. Herald.*

Fish bones lodging in the pharynx are rendered flexible and are finally broken up by a mixture of hydrochloric acid, 4 parts, or nitric acid, 1 part to 240 parts of water, used as a gargle, the teeth being protected by oil or lard. So says Prof. Voltoline in *Monatsschrift für Ohrenheilkunde.*

Mr. Spencer Wells has just completed his 1000th case of ovariotomy and his patient is doing well. At his 888th case he commenced to treat his cases antiseptically since which his successful cases have been more numerous. A thousand cases!

A writer in the *British Medical Journal* declares that glycerine in half teaspoonful doses is a simple and effective emetic for children.

The best way to clean a sponge is to put a teaspoonful of liquor sodæ chlorinatæ into half a tumblerful of water and wash well.

Book Notices.

THE PATHOGENETIC OUTLINES OF HOMŒOPATHIC DRUGS. By Dr. Med. Carl Heinigke, of Leipzig. Translated from the German by Emil Tietze, M. D., of Philadelphia.
New York: Boericke & Tafel.

We desire to state frankly that our education not only makes it impossible, but perhaps eminently disqualifies us, to give a proper review of this book. It treats of the actions of drugs on a basis, which we regard as not only non-scientific, but absurd, namely, *similia similibus curantur*. This is not, however, the time nor place to enter into a discussion of this dogma, and we will content ourselves by simply giving a couple of extracts from the work. From these extracts it will appear that the homœopath has been able to detect results following the administration of drugs which, we venture to say, none of our readers have ever noticed, or have the remotest idea of. For instance, kali chloricum—(potassium chlorate): This book tells us that this salt, when administered, causes a sensation of discomfort and lassitude, great but transitory weakness (in the case of diarrhœa), congestion towards the head and chest, sensation of coldness in the limbs, and rheumatoid pains in various places, and jerks; that it causes ill-humor without cause; produces itching over the whole body; causes the appearance of itching nodules and vesicles in the face and rest of the body, and syphiloid exanthema and inflamed hang-nails; drawings in the thigh, violent darting pain in the right knee joint, drawing, tearing and darting in the muscles of the cheek, sensation of pressure and stitches in the eyes, oppression and sensation of constriction in the chest, and other symptoms, whose number is so great as to occupy two full pages of the book in their recital. This may seem an extraordinary number of symptoms following the use of a comparatively harmless salt, but the number dwindles into insignificance when compared with that of the symptoms following the use of natrum muriaticum (common salt). When it is considered that this salt is essential to the proper working of certain vital processes, and that abstention from its use means slow death, one cannot but be surprised that much smaller quantities given by the homœopath as medicine than are taken in the form of a condiment every day, should cause symptoms, the enumeration of which requires nearly eight pages of close print, octavo size. Our space is too valuable to permit our giving all these symptoms, notwithstanding the value which may attach to them, and our readers must be contented with but a few:

It causes, we are told, twitching and jerking in various muscles, restlessness in the arms and legs, insomnia, uncommon general animation and a great stir in the domain of thought, nightmare and somnambulic conditions, very vivid dreams and voluptuous excitement, excessive frolicsomeness with inclination to dance, sing, melancholia, weariness of life and anxious care for the future, frequent formation of hang-nails with inflammatory irritation of the last phalanx, violent itching here and there, urticarious eruptions, easy working of the intellectual functions, slipping of the thought out of one's mind, irresolution, prosopalgia, dark spots and dots, fiery stripes in the field of vision, boring pain in the nasal bone, sweaty palms, drawing pain in the glutæi muscles, cracking and pain as from luxation in the knee joints when walking, gum-boils with throbbing and boring pains, aversion to rye-bread, coffee and the much loved tobacco, colica flatulenta, proctalgia, voluptuous fancies, and other symptoms too numerous and disgusting to mention.

Those of our readers desiring a work thus minute and imaginative, cannot do better than buy this one. There are those engaged in treating disease who regard the knowledge which it conveys as indispensable. To such we commend it very highly.

THE PRACTITONER'S REFERENCE BOOK. By Richard J. Dunglison, A. M., M. D., editor Dunglison's Medical Dictionary, Secretary American Academy of Medicine, etc., etc. Second edition revised and enlarged.
Philadelphia: Presley Blakiston. Detroit: E. B. Smith & Co.

This is one of the few books which treats on a subject, or subjects, upon which there are not numerous other works upon the market. It is, moreover, such a work as the physician once having seen, will be surprised at its not having been presented long before. It is essentially a compilation of the suggestions which have during the past few decades appeared in periodical medical literature. It is one of the misfortunes of this literature that the eminently good and practical suggestions which it is the first to present to the profession, are apt to receive no tangible recognition in the text-books to which the practitioner is wont to pin his faith. Few physicians are sufficiently methodical in their habits to keep an Index Rerum to which they may refer for a refreshening of their memory in the emergencies which arise in active practice. To those who are thus unmethodical, (comprising, we regret to say, the great bulk of physicians,) this Practitioner's Reference Book, by Dr. Dunglison, will prove a very valuable aid. To give our readers an estimate of its value, it is only necessary to make a few extracts from its table of contents. Its introduction consists of the Hippocratic Oath. Under the head of "General Information for the Practitioner," we have the weights and measures of the U. S. P., and the same of the metric system, with the relation which they bear to one another; the solubility of medicines in water, alcohol, ether, glycerine, etc.; a comparison of pharmaceutical scales, etc. Under the head of "Therapeutical and practical hints," a fund of practical suggestions is given. We have here general rules for the practitioner and some suggestive hints which no physician can read without profit in his dealings with his patients; rules of medical etiquette; what the practitioner must learn of a patient; doses of medicines; diagnostic tables of diseases largely met with in practice; obstetric memoranda;

poisons, their nature and treatment ; directions for restoring the apparently drowned; disinfectants and their practical applications; directions for preventing the spread of infectious diseases; how to use the hypodermic syringe in various diseases; how to use the galvanic battery ; how to apply trusses ; to remove blood stains ; to prepare stained sections of animal tissues, etc. Dietetic rules and precepts are also given—these rules applying to the healthy as well as the sick. Full directions are also given to conduct a post-mortem examination, etc. In short, it is a methodical and practical book, and such a one as every practitioner need only see to fully appreciate.

Treatise on Therapeutics. By A. Trousseau, Prof. of Therapeutics of the Faculty of Medicine, at Paris, Physician to the Hotel Dieu, etc., and H. Pidoux, Member of the Academy of Medicine, Honorary Physician to the Hospitals, &c. Translated from the French by D. F. Lincoln, M. D. Vol. I.
New York : William Wood & Co.

This is the fifth volume of Wood's Library Series for 1880. It is sufficient to say of it that Trousseau and Pidoux are its authors. A perusal of it justifies the opinion with which these therapeutists are regarded by the profession. It is, as of course would be expected, a mirror of French therapeutics. It has been too much the practice of the American physician, especially during the past decade, to look to Germany for all that is valuable in medicine. We are glad now, however, that a reaction is setting in in this respect ; German therapeutics if they have not demonstrated their comparative worthlessness, have at least proven themselves unfitted to the phases of diseases as met in American practice. It will pay to look into French practice, and the work before us being an admirable translation of a leading French book affords the American practitioner an excellent opportunity of doing so.

Health and Healthy Homes, a guide to Domestic Hygiene. By Geo. Wilson, M. A., M. D., Medical Officer of Health for Mid-Warwickshire Sanitary District. Notes and additions by J. G. Richardson, M. D., Prof. of Hygiene, University of Pennsylvania, etc. Price, $1.50.
Philadelphia : Presley Blakiston. Detroit : E. B. Smith & Co.

The homes of the people are at once an index to their civilization and enlightenment, and one of the most efficient means to that end. Lord Bacon says: "Homes are made to live in, not to look on ; therefore let use be preferred before uniformity, except where both may be had."

The work before us looks to instructing the people in the secret of securing both usefulness and attractiveness. While we should judge it to be better calculated for popular reading, it is not less valuable to the medical reader. Its style is popular, but not so flat to the professional reader, as that in which works of this nature are usually written. It treats of the causes of disease, of food and diet, of cleanliness and clothing, of exercise, recreation and training, home and its surroundings, infectious diseases and their prevention, etc.

Management of Children in Sickness and in Health. A book for mothers. By Amie M. Hale, M. D, Price, 50 cts.
Philadelphia : Presley Blakiston. Detroit : E. B. Smith & Co.

The title of this book defines its object. It is written by a woman, presumably a mother, and for women, also mothers. It has our commendation.

The following pamphlets have been received:

On the Nomenclature and Classificaton of Diseases of the Skin with remarks on that recently adopted by the American Dermatological Association. By L. Duncan Bulkley, A. M., M. D., Physician to the Skin Department of Demilt Dispensary, New York.

On Coccygodynia. By Edward W. Jenks, M. D., L. L. D., Professor of Medical and Surgical Diseases of Women and Clinical Gynæcology in Chicago Medical College, etc. Reprint from the *Medical Record*.

The Use of Water in the Treatment of Diseases of the Skin. Ibid.

Fracture of the Posterior Lip of the Left Acetabulum, with a Specimen. By H. O. Walker, M. D., Lecturer on Anatomy and Genito-urinary Diseases in the Detroit Medical College. Reprint from *Detroit Lancet*.

The Cinchona Cure for Intemperance. By Chas. W. Earle, M. D., Prof. of Diseases of Children in Woman's Medical College, Chicago. Reprint from *Chicago Medical Journal and Examiner*.

Time of Conception and During of Pregnancy. By George J. Engelmann, M. D., Fellow of the American Gyæcological Society, etc. Reprint from the St. Louis *Courier of Medicine*.

Seventh Annual Report of the Secretary of the State Board of Health of the State of Michigan for the fiscal year ending September 30, 1879. Lansing : W. S. George & Co., State Printers.

Original Articles.

Prolapsus Uteri—Cases in Practice.

BY WM. GOODELL, M. D., PHILADELPHIA.

(Reported for the Michigan Medical News.)

M. I., a native of this country, æt. 35, has given birth to two children. Extrusion of the reproductive organs first occurred some years ago during the third month of her second pregnancy. Her physician replaced the womb and put her to bed for some weeks. Five months after her delivery prolapse of the parts again took place and has continued ever since. Her catamenia are regular, but too free, and she is very hysterical. I saw her for the first time on October 23, 1872. The cervix projected far from her person, the uterine cavity measured five inches, the vagina was wholly inverted, and the bladder and rectum were both pouched. The bearing down so crippled her that she was unable to do any other work than sewing. I tried every device for keeping up the womb, but failed. So on February 3d, 1873, I brought her before the class and cut off the cervix with the cold wire. The stump was covered with the surrounding mucosa by Sims' stitches. Colpo-perineorrhaphy was also performed. Some weeks elapsed before I could get the raw surface immediately around the os to heal. When, finally, she got up the womb measured barely 2.5 inches. In May of the following year, she again consulted me for menorrhagia and backache. The womb had not increased in length, but it was retro-

verted. As some portion of the cervix still projected into the vagina, a Hodge pessary sufficed to relieve her. The os at this time readily admitted the sound. Two years later I met her at the office of one of my colleagues, who was treating her for a tapeworm. She had not conceived, nor had there been any relapse, although she had long ago removed the pessary.

Wishing to know her present condition I asked Dr. Baer, who had attended some members of her family, to see her. He replied as follows :

SEPTEMBER 9th, 1879.

MY DEAR DOCTOR:—

I found Mrs. I. very glad, after I had stated my errand, to give me the information you desired.

She states, enthusiastically, that she is well and able to earn her living as a mill-hand. She has to remain on her feet all day, and lift and carry heavy bundles of goods. She has no more menorrhagia nor leucorrhœa, and no pain nor dragging feeling such as she used to have. There is no tumor at the vulva, and she says she is as well as she ever was in her life.

Very truly yours,

B. F. BAER.

Since the receipt of this letter, Dr. Roland G. Curtin, who is her family physician, has told me that she does the work of two hands at the mill, and is the only woman in the establishment who is able to undergo this double labor.

Case 2. E. M., of Ireland, æt. 50, but still regular, has had six children, and has always staid in bed two full weeks after each labor. In the last three months of her third pregnancy, and in each subsequent one, the "womb" * prolapsed externally, but the tumor disappeared after labor. Six months after the birth of her last child, now over 12 years old, she had an attack of inflammatory rheumatism, which for nine months kept her bedfast. As soon as she was able to be up the womb came down, and has protruded more or less ever since, that is to say, for eleven years. Various kinds of pessaries were in vain tried, and she finally sought my advice. I found all the usual phenomena of hypertrophic elongation of the supra-vaginal portion of the cervix, but with unusually great protrusion of the implicated organs. The uterine sound penetrated to the depth of six inches, a small polypus dangled from the funnel shaped os, and a caruncle lay in the mouth of the urethra. These were removed, a large slice of the cervix was cut off with the hot wire, and the vulvo-vaginal outlet narrowed. These operations were performed before the class on November 25th, 1874, and were attended with complete success. I have repeatedly seen this woman since, and no return of the prolapse has thus far manifested itself.

Case 3. On February 3, 1876, I was called to Cecil county, Maryland, by Drs. Charles M. Ellis and R. C. Carter to see a case of prolapse in a hard-working farmer's wife. Their patient, an American, had borne many children and had passed the climacteric. She was very fat, and much afflicted with asthma and with shortness of breath. The uterine cavity measured a trifle over six inches, and the cervix protruded fully four inches from the woman's person, leaving but little of the womb within the pelvis. The vagina was wholly inverted. An unusually large cystocele and rectocele were present, and so also was a broad ulcer overlapping both the cervix and the vagina. Every kind of pessary had failed to relieve her. The operation was a joint affair, Dr. Ellis removing the cervix, and I repairing the torn and functionally weakened perineum. In the following May Dr. Ellis wrote me "that the operation was in every particular a most gratifying success." Eighteen months later she had some prolapsus of the vagina which was perfectly relieved by a Hodge pessary. Dr. Carter, her physician, in a letter to me, attributed this prolapse "to the severe attacks of asthma to which she is subject, and to her being almost constantly on her feet. Her family," he added, "is very large, and she has been compelled to work far beyond her strength." Wishing to get the last news about her I wrote last week to Dr. Carter, who kindly called on our patient and gave me the following account of her condition :

CHERRY HILL, Md., September 11, 1879.

MY DEAR DOCTOR:

I have seen Mrs. —— and she seems perfectly delighted with her condition. She says that she feels better than she has done for ten years. Before the operation she could not use any kind of uterine support, but now, since the application of Hodge's improved pessary, the relief obtained is *complete*.

Yours sincerely,

R. C. CARTER.

Case 4. B. A., Irish, æt. 37, and married 17 years, has had eight children, the youngest three years old. Her labors have all been easy, but since the birth of the last one the womb "came down." She is a hard working woman and this condition incommodes her very much. She has had fever and ague for the past two years, and was brought into the Hospital of the University of Pennsylvania on September 28, 1876, much reduced by diarrhœa and malarial cachexia. Being put upon large doses of quinia and quarter grain doses of the silver nitrate she rapidly improved. The perineum, in one of her labors had been badly torn, and projecting from it was the cervix looking like the penis of a horse. The sound gave a measurement of five inches. The vagina, being wholly inverted, was pouched a cystocele, by and by a rectocele. On October the 18th the cervix was cut off by the hot wire, and the perineum restored in such a way as to cure the rectocele. A secondary hæmorrhage on the 23d was controlled by injections of a saturated solution of alum. Two days later the stitches were removed, and union found to be perfect. Three weeks more were

* I have used quotation marks because, although she designated the procident organ as the womb, it may have been the vagina.

needed before the open sore on the cervix skinned over.

Until very recently this woman has been under observation, and the success of the operation is known to be complete. The small womb has never sagged down since, and both cystocele and rectocele have disappeared. Up to the present time no cicatricial contraction has occurred; the os uteri still stays open, but she has not yet conceived.

Case 5. J. M., a German Jewess, æt. 38, has had six children, the oldest being now seventeen years old and the youngest twenty months. She has had one miscarriage before her first labor, and one after the fourth. The fifth labor was followed by an incomplete prolapse of the womb, which was relieved by a pessary. She now had an attack of arthritic rheumatism which left chalky deposits. When her sixth child was three months old the womb "came out," and she has not since been able to wear a pessary that could retain it. Micturition is painful, and her water cannot be voided in a stream. Nor can she defecate without passing two fingers into the vagina and pressing upon its hind wall. My examination revealed the usual characteristics of this lesion: There were a cystocele, a rectocele, a functionally weakened perineum, a womb fully five inches long, and an old tear of the cervix on the left side reaching up to the vaginal roof. By the sound the prolapsed bladder seemed to descend quite down to the verge of the os externum uteri, but, by the introduction of the little finger into the bladder, it was found by pushing up the vesical pouch, a good half inch of the cervix could be sliced off. This was done with the hot wire, before the class, on January 24, 1877, and immediately afterwards the vulvo-vaginal outlet was narrowed. Her convalescence was uninterrupted and the cure complete. She has not since conceived, but has remained cured and without dysmenorrhœa. About two months ago she sent me a patient who brought her compliments, and the message that she was perfectly well.

Scarlet Fever with Remarks on its Treatment and Prevention.

BY W. S. WATSON, M. D., NEW HOLLAND, ILLINOIS.

The epidemic of scarlet fever which prevailed in this town and vicinity in the winter of 1878, and spring and summer of 1879, was attended with considerable malignancy, and as I was called upon to treat most of the cases, I feel that in justice I should make something of a report to the profession at large of the plan adopted in treating the disease, as I then saw it.

Prophylaxis.—After this disease is once established the patient generates a poison which is easily communicated, directly, and may contaminate the atmosphere; the disease is eminently communicable, and few persons not protected by a previous attack can enter the same room or house without contracting it. I believe that if the prophylactic treatment of this disease were conducted with the same activity that is displayed in preventing infection from other contagious disease, it might be almost entirely extirpated. Isolation and careful disinfection are the only means that will stay the spread. I am persuaded, however, that after a child is exposed, we may, by internal medication during the incubatory period make the attack much lighter than it would be otherwise. I seek to accomplish this by the administration of potassic iodide. No other remedy has in my hands given the satisfaction that this has, as a moderator of the malignancy of the coming attack: The medicine is given in small doses, suited to the age, from the day of exposure, using with it some non-stimulating diuretic like syrup of squills. The administration of the iodide is is based upon the conviction that the fever is due to a distinct form of blood poisoning, cause unknown, yet capable of a certain amount of manipulation in the human system. Why this treatment has yielded such excellent results in modifying the infection or malignancy of this disease is not easily accounted for, but that it does have such an influence not only over the infection, but over the common sequelæ of this disease, will scarcely admit of a doubt. If the disease be due to a low form of organism the controlling power of the iodide may be due to its well-known power in destroying a certain class of germs, or it may be due to its action after it comes in contact with the poison in the blood.

The therapeutics of scarlatina have been very unsatisfactory and we must confess that at the present time it is difficult, if not impossible, to separate cases of recovery due to the effects of medicine from those that recover from a natural inherent tendency to recovery. The chief element of danger in this affection is the exceedingly high temperature and its resistance to the ordinary antipyretics. In fact, all such agents not only fail in a reduction of the temperature, but such as are depressants lessen the chances of recovery. All depressing agents are detrimental. The system being already overtaxed needs supporting means in order to be able to throw off the virus, be it what it may.

Case 1. Thos. M., æt. 7. Called first Feb. 6, 1879, temperature 105°, pulse 120, respirations 45, restless tossing to and fro, tonsils swollen so as to embarrass deglutition, palatine arches and palates of a dark red and swollen, eruption just perceptible over the chest, a dirty gray mucous secretion covering each tonsil, boy delirious. Gave tr. veratrum in drop doses and eight grains of salicylate of soda every two hours; used as a gargle a solution of tr. iron and chlorate of potassa. This treatment commenced at 9 A. M. Called at 6 P. M; temperature 106⅘°, delirium most profound, skin clammy, breathing bad, no improvement in the symptoms. Gave orders for frequent sponging with soda and water, and ordered aconite fluid extract, half drop in water, spts. ether nit. gtts. xx. in combination, every hour. 7th, at 8 A. M. No better, pulse irregular and boy evidently dying. It was now impossible to give him anything on account of the tetanus. He died

at 9.20 A. M. They were some others down with the disease at this time and three more deaths followed in a few days. Other physicians were called as counsel; some of them, older than myself and supposed to be more experienced, prescribed about the same course of treatment as above given, with, in some cases, a change in the gargle, and if constipated, purgatives. The skin was freely anointed from the inception.

Case 2. An opposite mode of treatment adopted. Flora M., æt. 7 years, had been ill for some four days. Called first July 2, 1879. She presented a typical case of scarlatina maligna, temperature 104°, pulse 138, skin dry and dusky; presented a sodden look, vomited frequently, with frequent and offensive stools. The fauces presented a diffusive redness, rather dark tonsils, covered with a thick tenacious mucus; great restlessness, breathing 45 per minute, muttering considerable. An indistinct rash was seen at this time. Prescribed digitalis and salicylate of soda in large doses, and a gargle for the throat composed of salt, vinegar and honey; the medicine to be given as often as every hour, the gargle also as often. Called again in eight hours, temperature 107°, pulse 140. The child being of a highly nervous organization, was now almost un controllable, the rash was out so fully as to remove all doubts, should there have been any; the tongue presented the pathognomonic strawberry appearance. The child was delirious and in a semi-conscious condition. Ordered

℞ Syr. Scillæ,..... ℥ iij
Potassii Iodidi, ... ʒ ss.
M. Sig. One teaspoonful every three hours. Also,
℞ Spts. Frumenti,..... ℥ iv
Glycerinæ,.....
Aquæ,..... .....ää ℥ ij

M. Sig. One tablespoonful every third hour until I returned, which I intended to do in eight hours. I ordered her also to be greased all over with cocoa butter. In six hours was called out in great haste by the father, stating that his child was much worse, could not longer swallow. I found her in a stupid delirium, face somewhat cyanotic, breathing labored, no reduction of the temperature, urine suppressed, and last passed turbid and albuminous. Temperature, 109⅘°. The idea of large doses of quinia now presented itself, and a prescription was made:

℞ Spts. vini gallici,..... ℥ iij
Quiniæ sulph..... ʒ jss
Glycerinæ,.....
Aquæ, ...ää ℥ iij

M. Sig. One tablespoonful every hour. I also gave

℞ Spts. frumenti,..... ℥ iij
Glycerinæ,..... ℥ ij
Aquæ,..... ℥ i

M. Sig. Two tablespoonfuls every second hour was given in order to get in enough stimulant. In eight hours, I had the satisfaction of finding my patient some better, with a copious diaphoresis, and temperature down to 104°, with all the symptoms of nervous depression removed. Delirium gone, urination free; at about the eighth hour—twelve hours from the commencement of the last two prescriptions—she was completely rational. Desquamation commenced at the time of the reduction of the temperature to below 100°. She recovered very nicely, quinia and stimulants being given for some time after the febrile excitement was controlled, in small doses; also of the iodide of potassium as the cervical glands were very much enlarged, and I apprehended a possibility of suppuration or of the inflammation being extended to the Eustachian tube with consequent otitis, etc.; no such sequelæ followed but instead, the induration rapidly subsided. I will add that the salt gargle as recommended, supercedes all the disgreeable and annoying swabs so often used in this affection. They are not only strongly resisted by the little sufferers, but are often very injurious. The salt contains chlorine in combination, and its powers are well known as an antiseptic, preventing putridity, etc.

Since using the potassic iodide as advised by Dr. J. P. Walker, of Mason City, some four years ago, I have not seen the disease spread as before, and without its use I have often had a typical case in a family, as in case No. 2, in a family of five other children of various ages, all exposed daily. It was not possible to isolate, and all were given the the iodide daily, and not one was confined a day to to the bed, in fact the disease was scarcely noticeable in them. Isolation is, however, advisable when practicable, in all cases, but I have all faith in iodide of potassium as having a controlling power over the infection, and also in preventing the usual sequelæ of this affection.

To recapitulate: The remedies are quinia, stimulants, and iodide potassium, internally, salt and vinegar gargle with bacon grease inunction. No arterial sedatives should be used. Irritating applications to the throat are irrational and uncalled for. No abscesses to open or dropsical troubles to contend with, when due precautions are used in regard to exposures, under the use of iodide of potassium.

Treatment of Cholera.

BY S. B. PERMAR, M. D., KELLEY'S ISLAND, ERIE CO., OHIO.

As some anxiety is felt in relation to a visitation of cholera in some of the eastern cities, and as a suppressed whisper comes from Cincinnati of cases very like that formidable disease having occurred there recently, I have felt it to be a duty I owe to the profession, and pro bono publico, to make known a treatment I found very successful years ago when the real Asiatic cholera prevailed with all its attendant horrors.

I will leave to wiser heads to theorise in relation to causes of cholera, in this short article. I commenced practice in the spring of 1844, and with

much fear and trembling was soon compelled to treat, to battle with that destroyer, not with fear of contracting the disease myself, but for the lives of my patients, as no successful treatment or correct theory was yet discovered. My first case revealed more to me than books or preceptors had yet done. Upon touching the patient there was the sensation of that peculiar coldness and absence of vital electricity which possesses the corpse, and creates that repulsive and dread sensation which the sensitive feel in the presence of death. The suggestion, here is unnatural coldness. What is needed? Warmth. Again, here is absence of vital electricity. What will restore it? The electrical bath. Water was heated to over 100°, as speedily as possible, and poured into a large meat barrel, the only available vessel of sufficient size. An ounce or more of muriatic acid and an equal quantity of nitric acid were poured into the vessel and the patient immersed to the neck. While the bath was being prepared I gave the patient internally three teaspoonfuls of a favorite mixture of mine:

℞ Tannic acid	ʒ j
Creta prep.	ʒ j
Jamaica ginger	ʒ jii
Tr. peppermint.	ʒ j
Tr. opii	ʒ ji
Tr. camphor	ʒ j
Brandy, best	ʒ vi

M. Sig. Common dose, teaspoonful every three hours. A good remedy in bowel troubles.

The terrible suffering of patient from cramping, vomiting, purging, etc., etc., was relieved as if by magic. I kept the patient in the meat barrel until he was well salted, say twenty minutes, when he complained of the smarting effects of the nitro-muriatic combination. I then lifted the patient, and as he emerged from the bath enveloped him in blankets wrung out of very hot water and laid him in a bed. All pain and all cramping had ceased. The shrunken cadaverous contour had changed. He looked a little like a chicken that had undergone the process of scalding and denudation; that's a fact, but felt good over it. The patient had lain quiety in bed for half an hour, when he wished to be placed on the vessel. He then passed a large quantity of bile, like jelly in consistency. No more of the rice-water discharges appeared. I then gave brandy, quinine, chlorate potassa, chlor. tincture iron, comp. spts. lavender in combination in liberal doses, and after treatment with mild alteratives and elm mucilage, as needed, patient made rapid recovery.

This treatment was pursued in every case, and was also successful in every case where time was given for its application. Now as to the rationale of the treatment, those in the profession of greater scientific attainments must theorize and elaborate for themselves. I humbly suggest a few thoughts: Whatever the cause of cholera the effect seemed to be to arrest the secretion of bile, and to gelatinize or solidify the bile in the liver. The body was greatly shrunken in size, so that very speedily the person seemed one-fourth or one-third less in flesh, and all had that cold repulsive feeling peculiar to the corpse, indicating a negative condition of vital electricity. I could only take a common sense view of the situation and resort to common-sense treatment. The hot bath was evidently required to restore warmth to the system. Electricity must be supplied in some shape, and the nitro-muriatic bath from several considerations seemed to be the best, as indeed it was my only available remedy at that time. These acids thrown together produce a degree of electricity, and by absorption into the system had the effect of revulsion on the liver and other congested organs, may be, this revulsive effect was intensified by the electricity engendered, thrilling, vivifying the nerves supplying those organs, that revulsive effect, causing the liver to disgorge semi-solidified bile. Now I may be laughed atby the Magi for a non-scio by venturing these ideas, but being an old physician, and anxious to relieve human suffering I can only commend the treatment as one very successful in my hands in the treatment of cholera either in its Asiatic or sporadic form, and specifically adapted to severe cases of cholera morbus, bilious colic, and where any serious trouble of the bowels occurs, accompanied with cramping and pain, and I think the profession will find in my remedy for diarrhœa or dysentery a very valuable recipe.

Selections.

[*Continued from last number.*]

MANAGEMENT OF THE THIRD STAGE OF ABORTION, WITH RETENTION OF PLACENTA AND MEMBRANES, was the subject of a paper read by Dr. Joseph Tabe Johnson, of Washington, D. C. After some general remarks on the subject of abortion and its treatment, he stated that the chief indication in the latter was to completely empty the contents of the uterus as early as possible. This view he regarded as important because, so far as he had been able to determine, a large number of the profession still held the opposite opinion. In support of it he quoted Dr. Angus MacDonald and other authorities.

He then cited a number of cases occurring in his own experience which showed the necessity for prompt action and the danger of leaving the placenta and membranes *in situ*. The majority of these he saw in consultation, after the membranes and placenta had been retained for a considerable time.

Incidentally he alluded to some of the unfavorable effects of ergot in certain instances, occurring in the early months of pregnancy, especially the intense pain to which it gave rise, and the closure of the os by the oxytocic effect of the drug, commencing in the lower segment of the uterus.

The point which he wished to emphasize was, that the patient was not safe until the uterus was com-

pletely emptied and firmly contracted, and that, as a rule, the physician should never leave the house until the desired results had been accomplished. After septicæmia had been set up by the retained placenta and membranes, it was often too late to interfere.

THE THERAPEUTIC VALUE OF THE GALVANO-CAUTERY IN DISEASES OF THE NASO PHARYNX,

was the subject of a paper read by Dr. W. H. Daly, of Pittsburg, Pa. The author proceeded to elucidate the application of the galvano-cautery in destruction of the turbinated bones, granulation-tissue, and adenoid growths, alluding to its possible accidents, as erysipelas, destruction of the septum nasi, eschar of the mouth of the Eustachian tube, with consequent otitis media purulenta and perforation of the membrana tympani. Dr. D. has used the cautery extensively in these cavities with success. Subjective and objective symptoms following its use were detailed, as, for instance, pain in the eye of the same side when the cautery is applied to the anterior ends of the turbinated bones, pain in the opposite ear when the cautery is applied farther back, etc. It is found that the more posterior the application the more insensitive are the parts. Some patients exhibit symptoms of approaching chill and fever after the application of the galvano-cautery. Dr. D. doubts its general acceptance on account of its expense and capricious behavior; its application, however, is attended with less pain and more surety than the usual caustics, nitrate of silver, caustic potash, etc.

THE INTRODUCTION OF LIQUIDS INTO EUSTACHIAN TUBES AND MIDDLE EAR,

was the subject of a paper read by Dr. S. S. Jones, of Chicago. The attempts of Sir Astley Cooper, in 1800, by puncturing the membrane, and pushing air through the external meatus and Eustachian tube; and, later, of Horner, of Philadelphia, and of Hinton and Allen, of London, induced the author to resort to one or the other means of introduction of entrance into the tube—that is, by the nares or external ear. He has used liquids in this way for nine years, and is convinced of its advantage in dry, chronic, non-suppurative inflammation of the middle ear. Dr. J. reverses Horner's method of procedure, and introduces liquids through the Eustachian catheter into the tube. He claims that the tube is thus more easily dilated, and will finally better admit air. He has abandoned bougies as dilators. He argues from the benefit derived by proper applications to the post-nasal cavity and pharyngeal vault a similar benefit from the local contact of fluids of proper temperature to the Eustachian tube or cavity of the middle ear. He thinks, too, that the bad influence of sea-bathing upon the middle ear has been overestimated. In a service of two years as naval surgeon in the war of 1861–65, extending from Maine to Georgia, he noticed less acute inflammation of the middle ear when the temperature allowed sea-bathing on the part of the sailors, than when the thermometer was so low as to prevent it. Dr. J. advised slightly saline tubal injections on account of their better tolerance than pure water, or weak solutions or borax, chlorate of potash, etc. Their temperature should be at blood-heat, no force should be used, and the quantity should be regulated by the amount of effect desired. The comfort of the patient, and the subsequent improvement in hearing operate in the author's hands as warrants for the continuance of the practice.

THE USE OF SULPHUR AND ITS COMPOUNDS IN DISEASES OF THE SKIN,

is the title of a paper read by Dr. L. Duncan Bulkley, of New York. Dr. Bulkley spoke of the great popularity which sulphur had had in the treatment of skin diseases, and of the indiscriminateness of its employment. His present aim was to show in exactly what diseases sulphur really relieved and how it should be administered. He proposed to discuss its effects when given internally and externally, and also the effects of its different compounds and of the mixtures containing it.

First, as to its internal use. Pure sulphur was seldom given alone for skin disease. In eczema about the anus and genitals, however, it is very useful, especially if there is any constipation or piles. It may be given with equal parts of cream of tartar, in teaspoonful doses. Sulphurous acid (SO_2) is rarely used internally.

Sulphide of calcium is very valuable in skin lesions attended with suppuration. In acne it is often useful, but chiefly in those cases which have a considerable pustular element. It is not of much use in acne rosacea. In hordeoleum it is very valuable; also in furunculosis, relieving not only the symptoms, but preventing further crops of boils. Like testimony may be given regarding its effects in carbuncle and suppurating buboes. True, non-parasitic sycosis is sometimes benefited by sulphide of calcium. The drug is liable to be poor, and should have its characteristic smell of sulphuretted hydrogen. Dr. Bulkley usually gave gr. $\frac{1}{4}$ q. i. d.

Sulphuret of potassa probably has the same effect as the sulphide of calcium.

It is undoubtedly the sulphur that does the good in these cases, for other combinations of sulphur, such as the hypophosphite and sulphuric acid, have been found similarly beneficial. A wonderfully valuable combination of sulphur is that known as "Startin's Mixture:"

℞ Magnes. sulph..... ℥ i.
Ferri sulph..... ʒ i.
Acid sulphur. dil..... ʒ ij.
Tr. gentian..... ℥ i.
Aquæ..... ℥ iij.

M. Sig.— ℥ i. dose after meals.

This is very potent in reducing cutaneous congestion in such conditions as erythema multiforma, erythematous eczema, and urticaria.

In regard to the use of natural sulphur waters, some benefit is obtained from them, but is is impossible to speak definitely of them until more data are collected. The speaker would be pleased to receive help from any in collecting such facts.

Externally, sulphur has gained its widest reputation in the treatment of scabies, for which it is almost a specific. It should be remembered that sulphur is an irritant to the skin.

Besides scabies, sulphur is beneficial in acne, either in the form of the pure sulphur or the hypochloride, the latter being used as an ointment, about ʒ i. to ℥ i. Sulphur will also destroy the parasite of favus, ringworm, and tinea versicolor, pure sulphurous acid being the best form for these.

Sulphur vapor baths are of value in very few diseases of the skin. They stimulate the skin and liver, and they destroy skin parasites. But not much more can be said for them.

THE PATHOLOGY AND TREATMENT OF SYPHILIS.

Dr. F. N. Otis, of New York, read an exhaustive paper on syphilis, giving his views on the pathology of this disease, and extensively quoting the literature of the subject. Excessive local accumulation of leucocytes was said to account in a rational and satisfactory manner of all the various syphilitic manifestations of the second or active stage. Mechanical pressure of such cellular aggregations produced the great variety of symptoms observed in connection with syphilis.

The therapy must therefore have in view the elimination of such superfluous and deleterious cell-elements. Nature got rid of these products by tissue metamorphosis—a process known as fatty degeneration.

Small doses of mercury, long continued, materially assisted this process. Ricord's name was here cited in support of the writer's views. The value of of iodide of potassium was also dwelt upon.

The virus of syphilis was said to be merely an influence, not a physical entity.

In closing this instructive paper, Dr. Otis expressed himself as in entire accord with the views of authorities such as Jonathan Hutchinson, H. Lee, and McLane, of London—practically supported by Lancereaux, Ricord, and Baeumler. He shared their opinions on the pathology and proper treatment of the disease. The late so-called tertiary and quaternary manifestations were considered simply as sequelæ, and not as necessary effects of syphilis. This view was in entire agreement with known pathological processes, and did away with the necessity of supposing a specific virus as the cause of the malady. In addition, he concluded, it was in the fullest harmony with recognized physiological and physical laws.

Dr. H. G. Piffard, of New York, then spoke on

LUPUS,

and illustrated his subject by excellent demonstrations with the magic lantern. After some remarks on the terminology of the disease, the writer stated his belief that the pathological significance of lupus was that of a scrofulous skin affection. Three varieties were given:

1. Superficial, non-ulcerative lupus, or erythematous lupus; 2. Ulcerative lupus with superficial ulcerations, never penetrating beneath the skin; 3. Lupus with deep ulcerations invading deeper tissues.

The histological changes characteristic of these three forms were then given.

The first variety showed small cellular infiltration, the second giant cells, the third also cellular accumulation.

The usual course taken by the malady was next set forth, and its ordinary termination described. The simultaneous occurrence of cancer and lupus was mentioned. After giving the diagnosis and prognosis of the disease, the writer went on to state his views on the therapy of lupus.

Thorough local treatment was emphasized. His method consisted of complete removal by the scoop, with subsequent application of the actual cautery. Excision might also be followed by the application of chloride of zinc. Still, relapses were apt to occur.

Dr. Hutchison, of Brooklyn, then read a paper on

THE TREATMENT OF SYPHILIS AT THE COMMENCEMENT AND END OF THE NINETEENTH CENTURY, BY DR. CHAS. R. DRYSDALE, OF LONDON, ENG.

After a short historical résumé, the author explained his usual method of treating syphilitic patients. These had usually been young women under the age of twenty-five, the occupants of the Rescue Society's Hospital, at London. He had used no form of mercury with the girls but the green iodide. At first he had given one-third of a grain twice daily; but his experience soon showed him that even these small doses not unfrequently caused salivation in the course of a month or so of daily treatment. For this reason he had latterly given only one-sixth of a grain of that salt, in combination with two grains of extract of henbane, in a pill twice daily.

This dose seemed to be well tolerated and did not produce salivation, even when continued for months. Under this treatment the disease went on in a favorable manner. For the most part the secondary eruptions were benignant, accompanied occasionally by slight alopecia and mucous tubercles, which latter symptoms were amenable to local treatment by means of chlorine lotions and isolation.

The occasional occurrence of iritis, rupia, sore throat, and apparent rectal syphilis, were noted, and the paper closed with the following conclusions:

1. The initial lesion requires no mercury.

2. Syphilis when iodine is used without mercury, is usually mild.

3. Syphilis, when treated with very small doses of iodide of mercury, is usually mild.

4. Iritis may supervene while patients are taking courses of mercury; but it is usually amenable to treatment by blisters and atropine.

5. Tertiary syphilis is rare after iodide of potassium and iodide of mercury.

6. It is best treated by large doses of iodide of potassium, adding mercury when that remedy fails.

7. Cerebro-spinal syphilis supervenes in some cases early in the disease, and we may then give

both specifics, or iodide of potassium alone. The same holds good in syphilis of the testis, liver, or lungs.

8. Mercury and iodine probably act by their power of destroying low vegetable organisms in the tissues —the yeast of syphilis (Hutchinson.)

9. The dose of mercury ought to be very small.

A paper by Dr. Addinell Hewson, of Philadelphia, on

THE TREATMENT OF FIBROIDS OF THE UTERUS BY DRY EARTH.

For more than twelve years, he said, he had been engaged in the investigation of the value of the use of earth in surgery, and notwithstanding the opposition and ridicule that he had met with, he was glad to announce that its claims were now established to such an extent that he felt amply rewarded for his efforts in this direction. After alluding to its application, and the method of the same, in general surgery, he proceeded to speak of the subject proper of the paper. The first case in which he had employed it was one of very large multilocular fibroid. A layer of paste made of clay a quarter of an inch in thickness was placed around the abdomen and back, covered with a thin sheet of cotton batting, and secured by a many-tailed bandage.

The earth was put on moist in order that the dressing might be more perfectly adjusted. The patient was immediately relieved of all pain, and a reduction in the size of the abdomen was noticeable from the first. At the end of no more than three weeks the abdomen was diminished one-half. Eventually a perfect cure was obtained. It was known that this was no phantom tumor, since at one time the abdomen had been opened (by another surgeon) under the impression that there was an ovarian cyst; when it was found that the tumor was attached to the uterus, and weighed thirty pounds. Fifty cases had been treated in the same way by him, and with almost equal satisfactory results; except in one instance where the patient died of an intercurrent affection. In measuring the size of the abdomen before and at intervals during the treatment, a strip of soft lead was employed. The writer then proceeded to detail several of his cases. However great the pain previous to the application of the earth, this was so completely relieved that anodynes were never necessary subsequently. The tenderness on pressure was also immediately relieved, and within twenty-four hours the reduction in size was often very remarkable.

In the case where the patient died, an autopsy was secured, which was looked to with great interest, as no opportunity had yet been afforded for the examination of a tumor which had been under treatment. A large fibroma of the uterus undergoing cystic degeneration was found; the principal cyst, contained twenty pounds of fluid, and as the solid portion weighed twenty-seven pounds, the total weight of the tumor at the time of death must have been forty-seven pounds.

The effect of the earth Dr. Hewson considered to be a chemical one. In all cases where it was at all likely to be of service it was a curious fact that the relief of pain commenced before the first dressing was completed.

In conclusion, he exhibited the material he preferred to use, which was the fine yellow clay, such as is employed for making the best Philadelphia brick. Potter's clay did not seem to produce the same beneficial effects.

Dr. R. Beverly Cole, of San Francisco, then made some

REMARKS ON SPONGE-TENTS AND THEIR MODE OF PREPARATION.

In gynæcological practice it was conceded by all that it was sometimes necessary to dilate the os and cervix uteri. The sponge-tent he considered better than all others used for this purpose, for the reason that none of the others could be made to remain *in situ*. As to the sponge-tent, its forms and mode of preparation were exceedingly various.

The objections to those commonly kept in the shops were: 1, that they were not of the proper size or shape, generally being altogether too large. 2, that they were apt to be made of a very coarse quality of sponge, and hence the dilatation could not be carried to the extent desired. 3, the sponge-tents, as usually prepared, gave a great deal of unnecessary pain on account of their coarseness and roughness.

Instead of employing these, therefore, he made his own tents out of fine cup sponge, such as surgeons use. The sponge was dipped in melted wax, and then subjected to very great pressure (which could best be secure by a letter- press) which forced all the superfluous wax out of the sponge, and flattened it out to a thin cake. It was very necessary in selecting the sponge employed that it should be entirely free from all coral or other mineral impurities. After being pressed out in this way, the sponge could then be cut with the knife or scissors into any shape desired; care being taken to cut it in the direction of its long axis.

In many instances it was necessary to begin with a tent not larger than a knitting-needle. Before using, it should be provided with a thread by which it could be removed.

Dr. Pallen thought that Dr. Cole's method of making sponge-tents was most ingenious; but he could not permit this opportunity to pass without expressing his strong disapproval of the use of sponge-tents in general. He knew of nothing in all gynæcological practice that had caused so much evil as the sponge-tent. He was opposed to its use on account of the great dangers attending it, and because there were so few cases (except for purposes of dilatation, when other agents might be employed) in which it was applicable.

Dr. Pallen spoke for some time with great force and eloquence in setting forth the very serious dangers which he believed to be inseparable from the use of sponge-tents, even when every precaution was resorted to render then innocuous.

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Editorial.

Does Vivisection Pay?

This is a question propounded and answered by Dr. A. J. Leffingwell in the July number of *Scribners*. The question is one which every scientific and humane physician, and withal the conscientious, must have propounded to himself many times. He is aware of the extent to which medicine, through physiology, is indebted to Harvey, Magendie, Claude-Bernard and Brown-Sequard, but he knows also, at least he realizes to a great degree, the amount of pain which the experiments of physiologists have caused inoffensive brutes, and he hesitates to commit himself to either a negative or an affirmative reply. Dr. Leffingwell gives it a negative answer, but this answer is not unqualified; it should be more properly be considered a "no and yes" answer. The arguments through which he reaches his conclusions must commend themselves to the better judgment of the physician who is the stoutest advocate of the practice. That vivisection has done much for medicine, and that it has "paid," that is, that man has derived an equivalent for the *necessary* suffering inflicted, no one with the facts before him can deny; but confining the query to the present, its service to humanity does not so clearly outweigh the pain and misery which it causes.

It is argued by the advocates of vivisection that it is necessary in order to teach physiology, and it is mentioned in college announcements as an evidence of progress in the cause of medical education, that the college advertising, has connected with it a physiological laboratory, in which are demonstrated the various physiological facts. Dr. Leffiingwell very pertinently questions the advantage of such laboratories, as ordinarily conducted, and asks "how far may one justifiably subject an animal to pain for the purpose of illustrating a point already known?" It is merely a question of cost, not estimated by the value of the animal in the market, but by the suffering it endures, by the prolonged and excruciating torture inflicted. Is the animal merely an animated piece of substance having no claim on man's sympathies, or is it a living being regarding which man is placed under a degree of responsibility, a sentient being having rights, subservient to those of man, but rights, nevertheless, which man cannot, as he is a man, disregard? The refined man, the Christian man, in the implied as well as in the literal signification of the term, respects the rights of the weak, and will not subject even a brute to purposeless torture. Is there sufficient purpose in demonstrating undisputed physiological facts to warrant the injury inflicted on the student's better nature through witnessing the suffering connected with these experiments? Dr. Leffingwell would answer these questions in the negative, and there are many in the profession who agree with him. He says "it is an undisputed statement in physical science that the diamond is nothing more than a form of crystallized carbon, and, like other forms of carbon, under certain conditions may be made to burn. Now most of us are entirely willing to accept this, as we do the majority of truths, upon the testimony of scientific men, without making demonstration a requisite of assent." We venture the assertion that the statement as to the combustibility of the diamond is accepted without demonstration by the medical schools which place so much importance on demonstrating, for instance, the fact that irritation of the floor of the fourth ventricle of the brain causes artificial diabetes. The latter experiment requires only that the animal's skull be bored through and an instrument forced through the brain substance when "by a few lateral movements of the instrument" the desired spot may be reached. The animal, a rabbit, can be bought for twenty-five cents; it costs $30.00 to demonstrate the combustibility of a diamond. The suffering of the animal is not valued very highly on a dollar and cent basis.

According to Dr. Leffingwell, American schools are very lavish in the number of creatures they sacrifice on the altar of physiology. He says, "Indeed, I think it may safely be asserted that, in the city of New York, in a single medical school, more pain is inflicted upon living animals as a means of teaching well-known facts, than is permitted to be done in all the medical schools of Great Britian and Ireland. And *cui bono*?"

It does seem that there is a vast deal of unnecessary vivisection, and that which is unnecessary, in this connection, is cruel and demoralizing. We have never measured the size of the planet Saturn, but others have, and their testimony is sufficiently concurrent to convince us that it is a thousand times larger than our globe; we at all events, and for all practical purposes, believe it to be so, and see no necessity, seeing we are not an astronomer, and that no practical good would come of our making the measurement, for our doing so. We have never seen the spinal accessory nerves of a cat torn out by the roots to demonstrate that the doing so causes a loss of voice, but Claude-Bernard, and Milne-Edward, and Brown-Sequard, and Austin Flint, Jr., and John C. Dalton have demonstrated the fact, and for all practical purposes we concede the point, and question very much whether we should have made a whit the better practitioner had we ever witnessed, or even ourselves perpetrated, the barbarous deed—barbarous because excruciatingly painful

and purposeless, the fact not being disputed.

Vivisection is necessary to the advancement of medicine, and prohibitory legislation would not be to the best interests of humanity ; but when animals are employed as mere toys, and are cut and tortured more for the *eclat* of the profession, and of the school, than for the real benefit that is possible to accrue, it is time for legislation to interfere. In the vast majority of instances it is sufficient for the student to be informed of the functions of the different anatomical structures, and the subjecting of the animal to untold torture to demonstrate a fact never called in question, is cruelty.

Dr. Leffingwell suggests the following conclusions as a basis for future discussions :

"1. Any experiment or operation whatever on a living animal, during which by recognized anæsthetics it is made completely insensible to pain, should be permitted.

2. Any experiment performed thus, under complete anæsthesia, though involving any degree of mutilation, if concluded by the extinction of life before consciousness is regained should be permitted.

3. In view of the great cost in suffering, as compared with the slight profit gained by the student, the repetition, for purposes of class instruction, of any experiment involving pain to a vertebrate animal should be forbidden by law, and made hereafter a penal offense.

4. In view of the slight gain to medicine resulting from innumerable past experiments of this kind, a painful experiment upon a living vertebrate animal should be permitted by law solely for purposes of original investigation, and then only under the most rigid surveillance, and preceded by the strictest precautions.

That is a worthy idea of conduct which seeks

"Never to blend our pleasures or our pride
With sorrow of the meanest thing that feels."

Mother's Marks.

When the intimate connection between the fœtus and the mother is considered, the association of cause and effect which the people affect to trace between some mental disturbance on the part of the pregnant woman, and some abnormality, mental or physical, in the child does not appear so ridiculous as some would have us regard it. Every physician has been regaled with numerous instances in which the occurrence of a fœtal monster has been directly traced to some impression or shock, received by the female parent during gestation, and no mother ever fails to account for the birth-mark, port wine stain, strawberry mark, or even a mole, which disfigures her child. It is a peculiarity of the human mind that it does not rest satisfied until it has traced effect back to cause. This is a truism which applies alike to things great and small, to worlds and atoms. The popular mind satisfies itself with a theory, a hypothesis, but the scientific mind, which reads by sight rather than by faith, is in a state of constant unrest because it cannot fathom the mysterious. It cannot trace, through its knowledge of the nervous system, which it assumes to be the medium of the transmission of impressions, the *modus operandi* through which the impression on the mother's cerebum affects the child, either in arresting its development or stimulating certain of its structures to abnormal growth. The pregnant woman sees a toad and her child is born with a mole, or she has an intense longing at a certain period of gestation for strawberries and her child is marked with a nævus or several nævi, or she is shocked by witnessing some disaster in which either a human being or an animal is lacerated, or severely injured, and her child is born with a spina bifida or extrophy of the bladder. She is satisfied as to the cause and her mind rests. The physiologist, however, knows, or at least he assumes, that there is no nervous communication between the mother and her fœtus in utero, and the supposed cause which satisfies the mother only preplexes him the more. It is said that creation by fancy cannot occur, and a corollary is that arrest of creative processes cannot be caused by fancy. We, therefore, assuming this statement to be true, see nothing but coincidences where the mother sees causes, and we retreat to our position that the impression on the mind of the pregnant woman does not deform the child. Thought concentrated on the heart has been known to cause functional disturbance of the organ, with subsequent organic lesion. We know something, also, of the effect of the mind on the progress of disease and how it affects recovery, but this knowledge is not sufficient to lead us to accept the popular theory of mother's marks. We want more light.

Thomas Wilson, M. R. C. S., in the June number of the *Obstetrical Journal of Great Britain and Ireland,* details five cases of much interest in this connection. In case I, a woman in her fifth month saw a club-footed man in an epileptic fit. Her child was born spina bifida and club-footed. In case II, a child was born with a red mark on its forehead and one also on its back. The marks were explained by the mother with the statemant that in her fourth month a girl came behind her unawares and gave her a slap on the lumbar region and that a month later in reaching for crockery in the closet something fell on her forehead. In case III, a woman in the fifth month of her sixth pregnancy, while standing in her doorway saw the wheel of a cart run over a child's forehead; the head of her own child when born was deficient from the eyes upwards. Case IV. A mother in ironing a few days before her child was born burned her hand; her child was born with two distinct vesicles corresponding both in situation and shape with those on the mother's hand. Case V. A woman three months before her confinement, in the act of removing something out of a large chest was struck on the crown of the head by the falling lid with sufficient force to cause her to faint. Her child at birth commenced to moan, was unable to nurse and died at the end of two days. A *post mortem* examination revealed, on

reflecting the scalp, the upper and posterior portions of the parietal and parieto-occipital regions to be of a very dark color, resembling ecchymosis. The calvarium, on being removed carried with it the dura mater, which adhered to the fontanelles. Under the arachnoid and over the left occipito-parietal lobes of the brain there was a good deal of effused blood. The membranes of the meninges were also hyperæmic but the brain was itself healthy.

Dr. Wilson closes the report of these cases with the following queries: "How do these circumstances stand related to each other? Is it, as the mother insists, one of cause and effect? Is it possible that the mere observation of a person in a fit so impresses a woman, that the child she is carrying exhibits distinct signs of that at which she shuddered? Is the anencephalous monster, or the child with the spina bifida, but the material reflection of the maternal impression? (not after the manner of the mother brooding over the fact and making herself miserable). Is the visceral and tactile sensation, which so impressed and sent a shudder through her at the time, capable of being followed by abnormal development in her child through the medium of the vaso-motor system?"

These are pertinent queries.

Summer Complaint.

Frequent as is its occurrence at particular seasons, and regular as is the recurrence of those seasons, the so-called summer complaint of children is an affection whose nature is, it is feared, not generally understood. It is emphatically a disease in which etiology has an intimate bearing on treatment. In few diseases is it less safe to predicate treatment on symptoms, and yet there is good reason for believing that this method is largely pursued.

Children are liable to diarrhœa from improper food and exposure, after the same manner as adults, but this diarrhœa does not constitute summer complaint, so-called. Summer complaint, the affection which mothers so much dread, and in the presence of which physicians stand, often, as with their hands tied, is diarrhœa and vomiting, plus something else, and until that "something else" is unearthed, remedies directed to the relief of the symptoms do little or no good. The occult cause of the disturbance lies in the nervous system, usually, and manifests itself in the vomiting and diarrhœa—bearing the relation of cause rather than effect to these symptoms. The impairment of innervation is usually first manifested in the greenish color of the alvine discharges. This coloring matter was long regarded as bile, (though with what reason never clearly appeared) and, on principles savoring somewhat of homœopathy, small doses of calomel were advised and have long been looked upon as good treatment, "correcting the secretions," whatever that means. The greenish discharges are the result of impaired sugar-digestion, which, in turn, is due to some disturbance in the nerve centres, the exact location and nature of which is yet to be determined. The nature of the vomiting also must suggest to the observant practitioner the nervous element. It is not usually the kind of vomiting due to local disturbances of the stomach, but is suggestive of brain irritation, differing in degree rather than in kind from that which characterizes certain forms of meningitis.

We do not purpose to discuss the nervous features of summer complaint, but merely to throw out a few suggestions. We have no definite theory to advance, but have had our attention directed this way for several years, and have, in a blind sort of way, we must admit, based our treatment of these cases accordingly. We have not attempted, and probably should not have succeeded if we had attempted, to locate the seat of irritation, but being satisfied that there is irritation of some portion of the nerve centre, we have given bromide of potassium in the acute stages and nux vomica in the chronic varieties. The result of this treatment, we must say, verifies th hypothesis of central nervous irritation. We certainly have seen many cases which have resisted, and grown worse on astringents and anti-emetics, promptly yield to bromide of potassium and a small blister on the back of the neck.

Diet is necessary for the affection is very exhausting. Milk is the natural diet, but it contains sugar, and sugar is not digested. Starch must first be converted into glucose (grape sugar) and it cannot be digested. The diet must, therefore, consist of milk or of starchy matter in which the process of sugar digestion has been effected artificially. Kumys and extract of malt or Liebig's (Horlick's) infant food are, therefore, the articles which suggest themselves and which experience has demonstrated to be valuable.

The following formula for preparing Kumys is one which we can endorse from experienee ; it has appeared in the medical journals from time to time, and is perhaps already familiar to the readers of the News : "Take of grape sugar half an ounce, dissolve it in four ounces of water, and about two ounces of milk and mix it with twenty grains of Fleischman's yeast, obtainable at almost any grocery store, otherwise well washed and pressed brewer's yeast may be substituted ; mix the two in a champagne bottle, which is to be filled with good cow's milk to within two inches of the top. Cork it well, securing the stopper with wire or cord ; place the bottle in a cellar or ice chest where the temperature is 50° or less, and agitate it three times daily. At the expiration of three or four days the koumyss is ready for use. It should be consumed within four or five days." Astringents are, of course, useful in certain stages, but are valueless as long as the nervous factor exists.

Medical Advertising.

This is a subject, which, like Banquo's ghost, will not down. The ethical medical gentleman, like the good man of old, sees the wicked flourishing like green bay trees, literally rolling in luxury and living

on the fat of the land, while he, himself, in many instances, is obliged to practice that economy which, although no disgrace, is, nevertheless, very inconvenient. The remarks of our correspondent in another colum, but formulate the sentiments of many who see quackery thriving all around us, and thriving, wins for itself that respect in the community which is always accorded success. Nothing succeeds with the public, like success, and quackery in medicine is not the only devious method of gaining wealth in which the end has given the means a semblance of respectability, and an ephemeral popularity with the rabble.

The traditions of our profession and its unwritten as well as its written laws, forbid the practitioner to parade his qualifications, be they assumed or real; and it matters not whether this parade is done *viva voce* or through the medium of the press. When the neophyte enters our mystic circle he subscribes, if not in expressed words at least by implication, to our rules and regulations. The moment he proves himsels a recreant we brand him a quack, and banish him from among us. It does not follow that because he is an educated man and an adept in the practice of medicine that he is not a quack. He has made himself a quack by his breech of faith, by severing his connection with the fount of honor. The law of the land may protect him in his violation of our code of ethics, our code of honor, the people may bestow on him their patronage and he may have great skill, but he is a professional pariah—we have set on him the mark of Cain.

The "practical" reader may pronounce the above mere sentiment and not suited to these practical times, and our correspondent will say it is not "in accordance with the spirit of the age." What is "the spirit of the age?" It sanctions devious ways, it fawns on the successful scoundrel but crushes the scoundrel who fails, it pronounces plodding industry old foggyish, it looks with contemptuous pity on him who is scrupulously honest in his dealings, it admires "sharpness," and the man, professional or lay, who patiently does his duty and seeks his profits in the honest outcome of honest effort is not in accord with it. Thank Heaven, our profession is not in ac cord with this "spirit!"

The bane of the profession is impatience—haste to be rich, and the seeking of publicity by sinister means is its outgrowth. As we pointed out in our last the man who makes the accumulation of riches the criterion of success, will attain his end much more speedily in other pursuits than in that of medicine. Medicine assures its honest, patient, painstaking and competent practitioners a comfortable and highly respectable living, and will enable them, with prudence, to educate their families and to provide against the necessities of old age. It is not the calling for the sybarite, or for him who will not work.

But a word on the so-called practical aspect of physicians advertising. Laying aside for the nonce its ethical objections, we would ask what would be gained by removing the restrictions and allowing all who desire to do so to parade their ability to cure the sick? As long as but a few advertise they have an opportunity of bringing themselves into the prominence which advertising gives, but were all to rush into the newspaper columns each claiming to be a better doctor than the other, the equilibrium would be restored, and the public whose favor is sought would find it more difficult, in the Babel of blowing and boasting, to select the best, than if, as our ethics now provide it shall be, merit were the sesame to success. In the millenium which our correspondent would hasten, he will be the greatest whom nature has blest with the greatest volume of voice and the widest expanse of cheek.

A New Sense—Orientation.

The difficulty of losing a miserable cur or a mangy cat is proverbial, and doubtless most of our readers have at some time in their lives made futile attempts to get rid of such animals through this process. Thep have, however, invariably returned to their whilom kennel or accustomed hearth, and the promptness of the turning up has been in direct ratio to their worthlessness. A good dog, lost accidentally, seldom manifests this peculiar power—the sense of orientation.

Some gentleman in Cincinnati have recently been testing a dog's power of "orienting." They anæsthetized the canine and putting him into a basket sent him on a circuitous journey by rail to a point 150 miles south of the starting point. He was here kept shut up over night and in the morning let loose. Without any preliminary survey he slunk into a ravine, and then with nose well up and tail erect he struck a bee line for Cincinnati, due north. The experimenters forwarded a report of their doings to the owner by rail and on the afternoon of the next day after receiving this report he met his dog on the street, "wet, full of burrs and remorse, and apparently ashamed of his tardiness."

The manner of the dog's travel forbids the possibility of his having nreached home through the sense of smell or sight, or through any of the other five senses, and the directness of his return shews that it was not by mere chance. Birds of the migratory species, and even domesticated pigeons have this power of returning to former haunts, in a remarkable degree, and so have migratory fish and reptiles. They may vary a little sometimes in their course, but as surely as the needle seeks its pole do they at length reach their haven. It is proposed to call the sense through which they accomplish this "orientation," although the fact that the animal does not necessarily strike for the east would seem to make term somewhat inappropriate.

The *Clinical News* on this subject says: "Whether what we call the lower animals are in all respects inferior to man or not, it must be conceded that instinct has a quality of certainty about it that does not belong to reason. The logical faculty is agreed by common consent to be the highest function of the intellect, but the trouble with it is that is not infalli-

ble. So far as human conduct is guided by this faculty it is liable to error, and the error is not always the fault of the reasoning process which leads to it. The conclusion is false, as a general thing, not because it does not really follow from the premises which necessarily imply it, but because the premises themselves are false. Instinct on the other hand, appears to be a kind of innate knowledge which comes by inheritance instead of instruction, and which, so far as it goes, is absolutely reliable. This gift is recognized by all philosophers as a fact the existence of which cannot be disputed, and yet it is one of the unsolved and perhaps insoluble enigmas of science.

Tanner's Fast.

At this writing the fasting Minnesota doctor still holds out, and has now gone twenty-five days without having taken a morsel of nourishment if the reports of his watchers are to be believed; and there appears no reason to doubt their truthfulness. For nearly a week he took neither food nor drink, but has since then drunk freely of pure cold water. He has since commencing his fast lost upwards of twenty pounds, but seems otherwise to have suffered little. This is certainly a remarkable case of endurance.

Dr. Tanner claims that he is undergoing his self-imposed task solely in the interest of science, although it is difficult to conceive wherein lies the benefit. Fasting is, doubtless, salutary, especially when practiced by the gourmand or the habitually high liver. As a religious observance it has always been regarded as necessary by the church, but there is reason to believe that Moses instituted it rather as a hygienic measure. The system becomes overloaded with material in excess of what it can eliminate and vital processes are interferred with; thus it is well at regular intervals to shut down on the supply, until the excess has either been consumed or otherwise gotten rid of. There is a distinction, however, between fasting and starvation, and the prolonged fast by Dr. Tanner amounts to a starvation under which nine hundred and ninety nine men out of a thousand would long ere this have succumbed.

Some men are morbidly anxious for notoriety and notwithstanding his specious claim of devoting himself to the interest of humanity, we shall, until, at least, he advances some facts to prove his claim, class Dr. Tanner with these. He has started out to go forty days without eating, and should he succeed, *qui bono?* It will be of no more benefit to science than the Rowell, Hart and Weston go-as-you-please six day matches, and they were instances of wonderful endurance. When it has been decided who is the champion faster it will be in order for some genius to throw down the gauntlet as the champion eater or glutton.

The case reported by Dr. Sue, in our present no., of abnormally high temperature will be read with interest. It has been customary to abandon a patient when the temperature exceeds 107°. Dr. Sue's case, however, and others recently reported, would seem to show that a high temperature is not necessarily fatal *per se*. Dr. Donkin, in the *British Medical Journal*, reports eight cases of abnormally high temperature, seven of which were in females, ending in recovery: No. 1, 111.6°; convalescing from enteric fever. No. 2, 108°; no ovarian lesion; ovarian pain. No. 3, 115.8°; great abdomial pain and excitement. No. 4, 111°; convalescing from enteric fever. No. 5, 113°; enteric fever and double pneumonia. No. 6, 113°; synovitis. This was the only male. No. 7, 112°; painful stump, with necrosis. No. 8, 117°; pyonephrosis.

Miscellany.

The Michigan State Board of Health.—The regular quarterly meeting of this Board was held at their rooms in the State Capitol at Lansing, on Tuesday, July 13, commencing at 9 o'clock, A. M.; the following members were present: Dr. R. C. Kedzie, President, of Lansing; Rev. Dr. D. C. Jacokes, of Pontiac; Dr. Henry F. Lyster, of Detroit; Dr. J. H. Kellogg, of Battle Creek; and Dr. Henry B. Baker, Secretary.

Dr. Lyster called the attention of the Board to Syphilis—a disease to which but little attention was paid by sanitarians, but which causes much sickness and many deaths in this State. He was requested to prepare a paper on the subject and present it at the next meeting of the Board.

The resignation of Dr. H. O. Hitchcock, of Kalamazoo, as a member of the Board, and the appointment of Prof. E. A. Strong, of Grand Rapids, by the Governor, were announced, and the following resolutions were adopted:

Resolved, That in the retirement of Dr. Hitchcock from membership in this Board, the Board loses one of its most efficient and distinguished members.

Resolved, That the individual members of the Board, regret the personal separation thereby entailed, and extend to the retiring member their best wishes for his continued prosperity.

A letter from Dr. Hitchcock commended very highly his successor, Prof. Strong, as also did other members.

The secretary presented a communication from F. G. Russell, city attorney of Detroit, suggesting that the state board address a letter to the mayor and aldermen of that city, recommending the organization of a board of health, and the appointment of a health officer.

Dr. Lyster said there was no way of getting reliable statistics relative to sickness and mortality in Detroit. The record of interments is the only source of information, and is not reliable, as the reports to the city clerk are voluntary, and there are many interments (especially of Israelites) outside the city. The old board of health was not efficient because unwieldy but the "sanitary squad," of the police force, does some efficient work in enforcing the

ordinances relative to garbage, etc. The city police, however, oppose the appointment of a health officer, fearing it will interfere with the work of their "sanitary squad."

It was suggested that perhaps the people of Detroit did not wish the real facts relative to sickness and death disclosed. Drs. Lyster and Baker were appointed to prepare a plan for a board of health in that city and endeavor to secure its adoption.

A communication was presented from Hon. H. W. Lord, Sec'y of the State Board of Corrections and Charities, relative to pauperism as a result of sickness. After some discussion relative to the amount of pauperism caused by sickness, and the extent of the field over which a study into the subject should reach, a committee was appointed to investigate the subject, to be known as "the committee on the relations of preventable sickness to taxation," with Dr. J. H. Kellogg as chairman.

The remainder of the forenoon session was principally occupied with routine work and the perfection of details for examining and marking the standing of candidates in the examinations in Sanitary Science inaugurated the following day, and which require:—"The replies on each set of topics shall be marked on a scale of 10, and an average standing of 70 per cent. on all topics shall be necessary in order to pass the applicant." One who successfully passes the examination receives a certificate that he is considered qualified to act as health officer of any township, city, or village in Michigan.

A paper on "Unsanitary Conditions in our Public Schools" by G. E. Corbin, M. D., of St. Johns, was read. The paper consisted of details of overcrowding, bad-ventilation, and the sickness resulting therefrom, which came under his personal observation. The paper will be published in the report for 1880.

Two valuable papers by A. W. Nicholson, M. D., of Otisville, were presented. One was on "Ozone," and contains details of numerous experiments; and one on "Periodic Fevers," containing detailed records of cases and co-incident meteorological conditions. The papers were accepted with thanks, and ordered printed in the annual report for 1880.

The Secretary reported that he had edited and prepared for publication the proceedings, etc., of the Sanitary Conventions held at Detroit and Grand Rapids during the past winter, and the copy was in the hands of the printers.

Dr. Kedzie said he had received a request from gentlemen in Chicago to enter upon an investigation of adulterations of foods, and had replied that the Board had no funds. He stated that the adulteration of sugar with glucose was increasing rapidly, and was being done more skilfully. That adulteration with pure glucose did not endanger health, but the sugar was not so sweet. The manufactured glucose, however, was unhealthful to take into the stomach because of poisonous substances which are always associated with it. Dr. Lyster said a prominent candy dealer had informed him that all candies, excepting rock-candies, were composed in part of glucose. Dr. Kedzie said nearly all syrups were made from glucose.

The Board performed a large amount of routine work—such as auditing of bills, and adjourned until October 12, 1880.

Medical Advertising.—The fact that a very large proportion of the funds paid by suffering humanity for its relief, or rather with a hope of obtaining relief, goes into the pockets of empirics of greater or less degree, is too plain to even require demonstration. The first result of this misdirection is, of course, to enrich ignorant quacks and to impoverish worthy medical men; but this, bad as it is, is by no means so great a calamity as the loss of health and even of life which must be borne by the victims of a misplaced confidence.

In view of all this it becomes the duty of the medical profession to carefully consider the whole question and try to determine the causes of this sad condition of things, and then, if may be, to apply the remedy.

If such consideration shall disclose the fact that the responsibility for this anomalous state of affairs lies at the door of the profession itself, at least to a degree, its duty to endeavor to work a reform becomes all the more imperative.

A long time ago when the business of men was done in a manner entirely different from the present, when printers ink flowed scantily, and no one ever so much as thought of looking in the columns of his newspaper to learn in what direction to seek for the satisfaction of his daily needs, it was, for some inscrutable reason, decided that doctors must not impart to that public to whom they must look for support, a knowledge of their claims on its attention, or even of their existence; in brief that they must if they would maintain their dignity, literally hide their light under a bushel and wait patiently for the day when the public, drawn by some occult and mysterious sympathy, should slowly and reverently approach the hiding place of genius and reveal to poor humanity its benefactor.

This may have done well enough for those who possessed such strong magnetic force that the world must eventually be brought "willy nilly" to their feet. But who will ever tell how many fair flowers (of physic) were doomed to "blush unseen" the many tedious years, and how many medical Miltons remained "mute and inglorious" to the last, victims of the code? But even if we admit, though it seems by no means clear, that the fathers were wise in their day and generation, does it follow that the rules which they adopted, are the rules by which we should now be guided; now that all methods of business have been entirely changed; now that the newspaper is in every family, and hand bills and dodgers are falling on our door steps thick as leaves in autumn; now when the mails are loaded with circulars, and itinerant vendors call almost daily to sell us pills or plasters whose merits they so eloquently proclaim; now, when,

in short, the claims of all business men on the public attention are made with so much ingenuity and persistence that he who runs not only may, but must read.

Is it not, at least, worth while for the medical men of this country to stop and consider if they can afford to maintain a dignified silence, while every effort is being made by their enterprising rivals to turn the tide of medical work from its legitimate channels?

Is it not possible that a new "Code" may be constructed, at least so far as pertains to the relations between doctor and patron, and which shall be more in accord with the spirit of the age.

H. H. BAKER, M. D.

CLEVELAND, OHIO.

The Illinois Medical Act.—It may interest the readers of the News, in states having no medical act, to know that the act for regulating the practice of medicine, and surgery, in Illinois, has made a decided improvement upon the old *regime*. Physicians have now the right to protect themselves and the public from much of the quackery, that has been so prevalent of late. The law, is, however, defective in some points and especially so in the proviso which exempts practitioners of ten years' practice. This, in my opinion, is a mistake inasmuch as it allows old imposters to go right on with their impositions unmolested. And of all rogues an old one is the worst. After ten years there is nothing left in the line of deviltry that he has not acquired. His sophistry is capable of deceiving the very elect. This proviso is an insult to the many earnest workers who have spent years in fitting themselves to be worthy the calling they pursue, and who are honorable in the pursuit. I see no injustice in requiring *every* physician to give evidence that he is qualified to practice his profession.

It would astonish those who have no facilities for knowing, how much ignorance is found in the ranks of our profession. I have in mind an instance which illustrates how patients are treated by some of the classes referred to. A lady suffering from uterine disease, was attended by an ancient practitioner, whose grey hairs ought to have made him venerable. He stated to patient that her "womb would have to be taken out and scraped," before a permanent cure could be effected. With plausible arguments and professions of skill, he actually persuaded her to submit to a pretended operation, for which he received an exhorbitant fee and afterwards abandoned the case without relieving her suffering in any degree.

This is but one of the many cases which might be cited of the villainy which our state medical act permits to be practiced upon suffering humanity. I would urge physicians who may be contemplating besieging their state legislatures for some sort of protection during the coming winter, to consent to no such proviso as mars the otherwise salutary Illinois Medical Act.

G. W. KING, M. D.

KEMPTON, ILL.

A Diaphote.—"Another wonderful scientific discovery has just been introduced by Dr. Jechs, of Bethlehem, United States, by means of which persons can be made to see objects or identify individuals a thousand miles distant. The instrument which is to accomplish this simple feat is called a diaphote, and the *modus operandi* is similar to telegraphy. At one end of the wire is placed a mirror composed of selenium and chromium. Each mirror is built up of little plates, and the corresponding couples are connected by separate wires. Any object exhibited at the other end could be brought to one's sight by telegraph; for instance, a London physician could see the tongue of a patient in Belfast without leaving his study; an author could read his proofs hundreds of miles off, and by an extra payment could probably send a favorite pen through the wire to correct them. Such is a brief outline of the latest American invention. Were the said wire long enough we would send our hand across the Atlantic to congratulats our *confrère* Dr. Jechs." We clip the foregoing from the *Medical Press and Circular* of April 28th, which will probably blench on learning the true history of this remarkable invention. Over the *nom de plume* of Dr. H. E. Lix, a bright fellow communicates to the Bethlehem, Pennsylvania, *Journal* an imaginary discovery of the so-called diaphote, writing in the style of the moon hoax. This letter, a mere travesty on a scientific paper, is gravely copied in earnest by New York papers in general, and by the time the new scientific bud has bloomed into the mature flower which we cull from the *Press and Circular* the witty *nom de plume* of the rougish originator has become *Jechs*, and he receives enthusiastic congratulations which will make his heart leap for joy.

Clinical Notes.—The *London Lancet* says: The ultimate practical purpose of professional journalism is to give those in the daily exercise of the calling represented information which shall be helpful in their labors, and theretore conducive to the public good. What can advantage this cause more than the prompt and rigidly accurate noting of the facts observed, knowledge acquired, and experience gained in actual practice? If busy men will jot down the little points that strike them, in their own way, without waiting to elaborate formal papers, and send them direct to this office, we shall be happy to have them collated and presented in a form available for general information. The amount of clinical and pathological material wasted for want of this saving process must be very considerable. It is practically impossible for the great majority of practitioners to write lengthy reports of their cases. They have neither the leisure nor the inclination to do this. Nor are they always able to make the local societies the medium of communication with the profession, because the reading of a paper necessitates the trouble of first writing it, and then of attending to submit it. There is not opportunity for this performance, and many men shrink from it. Letter-writing is only less troublesome. Our suggestion is that practition-

ers should simply jot down a note of their observations in any rough fashion that occurs to them, and forward it duly attested. What more may be necessary we will do, in the hope of securing a large mass of valuable material from loss, and securing for patient and persevering observers the professional publicity to which their labors justly entitle them.

THE BOGUS DIPLOMA MILL.—The list of the recipient of the famous (or rather *in*famous) Buchanan medical diplomas has been published, and there is scarcely a city or town in the whole country which is not honored (?) by the presence in it of one or more possessors of the rotten sheep-skin. Detroit has two of them, who, however, claim that they secured them when Buchanan was a decent man, and his institution perfectly straight, that is, straight eclectic. One of these possessors, a notorious patent medicine man withal, stands high in the Councils of the Eclectic National Association.

The following excerpt from a letter to the New York *Herald* would seem to fix the time when Buchanan was a decent man somewhat remotely in the past :

Some odd thirty years ago John Buchanan was a porter in an oilcloth store on Arch street, above Fourth. Not long after he left there he suddenly turned up as a professor of medicine. The Eclectic Medical College of Pennsylvania was then located at Sixth and Callowhill streets. Buchanan became connected with it, and not long after was noticed to be putting on some pretense at appearance. A split occurred in the so-called faculty of the institution in 1858, and Buchanan came to the very front. He now assumed all the dignity and importance of a full fledged and properly constructed medical man. He subsequently removed his concern to Pine street and there, with an openness and shamefulness never before attempted, carried on that vile traffic that has brought infamy on many institutions that are cherished, and justly so, by every patriotic American. Buchannan had not been long in his new quarters before diplomas were advertised in the common market and sold like any cheap merchandise. In the loose legislation of those days he obtained a charter for the American University of Philadelphia, and in due course of time parchments were circulating freely through the country at a low rate. When the legitimate schools of medicine began to suffer there was an investigation, and a committee of the State Senate reported that the testimony concerning the illicit traffic in diplomas by the Eclectic College of Medicine under the management of John Bucanan developed some astounding facts. It appeared to be notorious that the sale of degrees was carried on systematically. The senators discovered that diplomas in regular form and signed by the faculty had been granted to women who could not even tell the location of the college. Abundant evidence was produced before them that degrees had been conferred on people who had never attended any lectures or received any instructions. One of the faculty testified before the committee that while he had been engaged in the college he went to a distant part of the State to ascertain who among the practicing physicians out there were not yet supplied with diplomas so that he could sell them sheepskins for whatever small cash they had convenient.

HÆMORRHAGE OF THE CORD.—I recently had a case of umbilical hæmorrhage. It commenced when the boy was six days old. I saw it six days afterwards. It bled much more freely if the child was brought into the erect position. I applied lint wet with a strong solution of persulphate of iron, to bleeding point, with compress on it, and directed the mother not to bring him to the erect position for two weeks, at which time it had healed. No internal medicine was given.

N. L. FOLSOM, M. D.
PORTSMOUTH, N. H.

According to a paragraph in *La France Medicale*, a woman, whose name and address are given, was several months pregnant when she was seized with colicky pains. Attributing them to ordinary causes, she went into her vineyard, and was profoundly astonished to discover presently that she had been confined. Dr. Watering, of Maregnac, was called to her, and found that she had given birth to eight children, perfectly formed. They were enclosed in a sac, and had apparently perished from mutual pressure during their growth. The mother did well.

LARGEST BOOK PUBLISHED.—The new edition of Webster's Unabridged Dictionary, just issued, is believed to be, in the quantity of matter it contains, by far the largest volume published. It now contains about 118,000 words defined, and nearly 15,000 words and meanings not found in any other one dictionary. The Biographical Dictionary, just added, supplies a want long felt by the reader and student, in giving the desired information so briefly. Never was any one volume so complete as an aid in getting an education.

A Philadelphia doctor, a member of the city Board of Health, cut his throat last month. He was a highly esteemed gentleman, but had for some time, says the *Medical Record*, acted peculiarly, and had been urging that the sessions of the Health Board should be in secret. Some time since the Philadelphia Medical Society decided that no journal, except a particular one, should publish its proceedings, making this society practically secret. We hope they will reform before it is too late.

Dr. Geo. Johnson says in the *Lancet:* From what I have seen of the effects of cold bathing I have arrived at the conclusion that more people are injured than are benefitted by the practice ; and I am confident that if the urine of all men, women and children who paddle in the sea until they are

blue and cold were tested within a few hours after their emersion it would be found to be more or less albumous in a large proportion of cases.

It would be a grand thing for some medical journal to whom something considered good enough to copy, is wrongly credited by its contemporaries, to come boldly out and disclaim the authorship and place it where it properly belongs. We notice a number of paragraphs on the rounds accredited with a foster paternity ; but we no longer grieve over that sort of thing, though we should much prefer seeing no credit at all given.

A medical society has just been organized at Grandville, Kent Co., in this State. It will be known as the Grand River Valley Medical Society. Dr. H. W. Strong, of Byron, president ; Dr. J. W. Cooper, 1st vice-president ; Dr. O. N. Moore, 2nd vice-president ; Dr. A. H. Weston, of Grandville, Secretary. It will meet on the first Wednesday in each month, and invites the sympathy and attendance of all regular practitioners.

Buchanan was a TEKEL who for years dispensed medical indulgencies in the city of brotherly love, but the LUTHER who purged the goodly city of the abomination arose not from the pretensious profession of that city, to its shame be it said. It is the Philadelphia *Record*, a daily newspaper, that the profession and the country has to thank for the routing of Buchanan and his savory lot of "professors."

Rush Medical College, Chicago, will after March 1, 1883, require applicants for admission to pass a satisfactory written examination in natural sciences, arithmetic and English, unless they are able to present a certificate of entrance to a literary school or college, The *Medical Record* says that this "marks a substantial step of progress for the school," from which statement our readers will infer the present condition of Rush !

Prof. S. D. Gross sailed for Europe on the 14th inst. to receive the degree of LL. D. from Cambridge University, having been selected by the Vice-Chancellor as the most distinguished physician of this country to receive the highest honor that Cambridge can confer. In 1872 he received the degree of D. C. L. Oxon. from Oxford, a degree never before nor since conferred on an American.

The catalogue issued by A. Kuhlmann, the veteran surgical instrument maker, of this city, is a model of completeness. It contains illustrations of almost all the instruments and appliances know to surgery, and makes a valuable book. Mr. K. will send a paper-bound number on application and the receipt of six cents for postage. He will send a nicely bound volume in cloth for thirty cents.

According to the *Gaz. des Hôp*, June 12, 1880, the *purgatif Yvon* consists of sulphate magnesia twenty grams, water forty grams, and essence of mint two or three drops. The essence of mint completely masks the disagreeable taste of the sulphate, providing that the quantity of the vehicle is inconsiderable.

If parents would only require their girls to take their education leisurely, and not hurry to the end of it at the same speed as the tougher and less susceptible sex, the habit of intellectual study would improve their health instead of endangering it.—*London Spectator*.

The Half-Yearly Compendium of Medical Sciences, for July, is at hand. Octavo size, 300 pages, contains a digest of whatever is valuable in the medical literature of the past six months. Price, $1.50. Medical Publication Office, 115 South Seventh street, Philadelphia.

A writer in the *Boston Journal of Chemistry* has discovered that obesity is due to relatively too small lungs. In our opinion it is due rather to relatively too large stomachs.

Book Notices.

THE TREATMENT OF PUERPERAL SEPTICÆMIA BY INTRA-UTERINE INJECTIONS. By Edward W. Jenks, M. D., LL. D., Chicago, Ill. Reprint from Gynæcological Transactions, Volume IV. 1880.

This pamphlet of 24 pp., 8 vo., is written in support of the practice of washing out the uterus with disinfecting and antiseptic lotions. It is a practice which has alternately been approved and condemned at different periods of the history of medicine from the time of Hippocrates down to the present time. The sentiment of to-day seems to incline favorably toward it ; it is, at least, admitted to be a procedure of much value in spite of the accidents which are apt to occur under it. Dr. Jenks quite warmly approves of it, and his brochure is either written to support the following propositions, or else the following are conclusions deduced from the experience which he records ; it matters little, practically, which. We give them at length because of their importance :

"1. In its wide-spreading relations to other causes of puerperal diseases, and of death, septicemia stands pre-eminent, for, although puerperal diseases are designated by different names, many lesions of the circulatory, respiratory, and nervous systems are the direct or indirect results of blood-poisoning ; therefore it obviously the plain duty of every obstetrician to prevent the absorption of any decomposing materials from the uterus.

2. The objections, which have been made to intra-uterine injections in the treatment of non-puerperal uterine diseases are not applicable to their use for the prophylaxis or treatment of puerperal septicemia.

3. The number of deaths attributed to intra-uterine injections have, in the majority of instances, occurred when they were used for other purposes than washing out the puerperal uterus with antiseptic fluid.

4. When a death has taken place on account of washing out the uterine cavity after child-birth with a simple antiseptic wash the fatal result has not been in consequence of the injection itself, but from the improper manner of giving it.

5. By the observance of proper precautions on the part of obstetricians this mode of treatment is rendered harmless. To secure entire immunity from danger certain requisites are important, as follows: (*a.*) The mouth and neck of the uterus should be well dilated, and a free outlet insured for the injected fluid. (*b.*) Air must not be admitted with the injection. (*c.*) The fluid should be injected slowly and without much force. (*d.*) The fluid used for injection ought not to be of a lower temperature than the normal temperature of the body. (*e.*) Powerful astringents should under no circumstances be injected within the uterus, as they are liable to produce contraction of the os and cervix, and thus aid in forcing the injected fluid into the tubes or sinuses.

6. The administration of these injections ought never to be intrusted to a nurse or inexperienced assistants, but should invariably be given by the accoucheur himself, with as much carefulness and attention to every detail as he would exercise in the performance of a surgical operation.

7. Intra-uterine injections should be used invariably succeeding child-birth if there exist any of the following conditions: (*a.*) If there is premature cessation of the lochia with any constitutional disturbance. (*b.*) If there exists a purulent or fetid uterine discharge. (*c.*) Whenever there is any abnormality of the lochia, or offensive uterine discharge attended by elevation of temperature, or increased frequency of pulse. (*d.*) When there are good reasons for believing that the uterus contains fragments of placenta, or is imperfectly contracted, and contains clots or any animal substance.

8. Intra-uterine injections should be more generally used in the prophylaxis and treatment of puerperal diseases, than has heretofore been customary, for the following reasons: (*a.*) If properly administered to puerperal women they are devoid of danger and capable of accomplishing results for good which cannot be attained by any other means. (*b.*) There are no other modes of treatment or remedial agents which act as speedily in lowering the high temperature of puerperal septicemia, or accomplish better results in certain inflammatory conditions of the uterus peculiar to the puerperal state. (*c.*) They are peculiarly serviceable in causing the expulsion of clots, or fragments of placenta, and aid in a marked manner in facilitating the rapid involution of the uterus. (*d.*) They have diminished in a remarkable manner the number of deaths, which to all appearance were inevitable from puerperal poisoning—far surpassing any other known means of treatment.

THE SURGERY, SURGICAL PATHOLOGY AND SURGICAL ANATOMY of the Female Pelvic Organs. In a series of plates taken from nature, with commentaries, notes and cases. By Henry Savage, M. D., London, F. R. C. S. E., one of the Consulting Officers of the Samaritan Hospital for Women. Third edition, revised and greatly extended. Thirty-two plates and twenty-two wood engravings, with special illustrations of the operations on vesico-vaginal fistula, ovariotomy and peritoneal operations.
New York: William Wood & Co.

This is the sixth no. of Wood's Library Series for 1880. In the mechanical execution of the book and the artistic work, especially, it is but faint praise to say the book is far above the average of medical publications. For clearness of outline and beauty of finish the plates are unsurpassed. The text of the book is principally devoted to explanation of the plates, and it would be impossible to conceive anything more instructive on the anatomy of parts, unless it were an actual dissection.

In the introductory the author has the following, which very succinctly states the views of advanced pathologists on the subject indicated:

"Connective tissue, so-called, soft and hard, is the true skeleton of the tissues. It is the same with the neoplasms. It is in the correlations of the normal connective tissue elements that abnormality entirely exists. The variations of these correlations and neoplasms, not simply hypertrophic, are infinite. No classification, not even Virchow's would include half of them. Cancer stands out by itself, (atypical, Waldeyer) and in truth is not a neoplasm. Cancer appears to me to be *cell necrosis*. Cancer epitheliums are dead cells; when they are in a dry state—certain forms of cancroid—or where they come away as they die—surface cancers (Billroth) and cancerous rodent ulcers—cancer is comparative innocuous. In active cancer, the dead cells accumulating within the connective tissue framework (which loses its branched cells) cause it to become more vascular, and permeated, together with the tissues in the immediate neighborhood, with leucocytes—cancer infiltration, wrongly called—usually washed out in cancer preparations. The cancer juice is a solution of dead cells. The question of malignancy is not to be determined histologically. Neoplasms, under the vague term sarcoma, identical in stricture, may be malignant in one case and not in another."

Of the book as a whole, it may emphatically be said, and in no stereotyped use of the expression, it is one which should have a place in the librarary of every one at all interested in the subject on which it treats. The plates alone are worth the price of the twelve volumns of the series.

GREEN'S MEDICAL CHEMISTRY. By William H. Greene, M. D., Demonstrator of Chemistry in the University of Pennsylvania. Editor of Wurtz's Elements of Modern Chemistry; Member of the American Philosophical Society, etc., etc. Philadelphia: Henry C. Lea's Son & Co.

The present commendable tendency of medical and scientific schools towards a higher standard and more thorough curriculum for the department of chemistry, has developed a demand for text books and books of reference, of a more concise and practical nature than those afforded by the present authorities.

This is particularly true so far as medical chemis-

try is concerned: the works of Hoppe Seyler, Gorrup Besanez, J. Burdon Sanderson, etc., being voluminous and burdened with discussions upon points of interest to the professional chemist alone, and of but little importance to the average medical student or professional man, who is more anxious as to results than to incidental technicalities. Green's Medical Chemistry is well calculated to meet this demand. The matter is presented in as few words as possible for a clear and distinct understanding of its contents, and is arranged in systematic order under three general heads: Part I being devoted to the "Organic Proximate Principles taking part in the Animal Economy." Part II to an "Analysis of Secretions, Excretions, etc., and Part III to the "Detection of Poisons." The work contains a number of illustrations as an aid to manipulations, and some finely executed microscopical plates of abnormal constituents of the urine, etc. It is essentially a chemical work, ignoring entirely the physiological or pathological significance of the substances considered, and as such is, we predict, likely to become popular in chemical laboratories.

Original Articles.

A Modification of the Clamp Suture to be used in Operating for Vaginal Fistula.

BY O. E. HERRICK, M. D. GRAND RAPIDS, MICH.

The most important feature in the operation of vesico-vaginal fistula, is the kind of suture used, and upon it depends almost entirely its success or non-success. The simple paring of the margins of the fistula and bringing them together amounts to very little if they are not retained exactly in apposition, neither does it matter how nicely the other details are carried out, or how strictly the patient maintains the recumbent posture. If the sutures are carelessly introduced or if the clamp ulcerates or becomes lax from any reason, or if the secretions are allowed to work down into and between the pared edges just so surely will the surgeon find, to his disappointment, when he removes the sutures that the orifice still remains open. These difficulties have in a measure caused the operation to pass into dispute, with many surgeons, and they may happen to any operator, no matter how skilled, if a common quilled suture be used, and may even happen when Sims' clamp or Bozeman's button suture is used. The difficulties attending the use of the two latter are the liability to ulceration, and the frequently induced strangulation of the parts; then again they are often unavailable in double fistulas on account of the impossibility of closing both at once; and the operator must be especially skilled in their use to make any thing like a proper application of them. These difficulties, experienced, have led me to construct a new clamp which I believe retains all of the good qualities of the old devices and obviates their difficulties. This apparatus consists of the silver wire suture properly annealed and in size about as large as the wire inside the needle of a hypodermic syringe. Then there is a small and nearly oval silver plate about one sixteenth of an inch thick which covers the fistulous opening after the sutures are introduced.

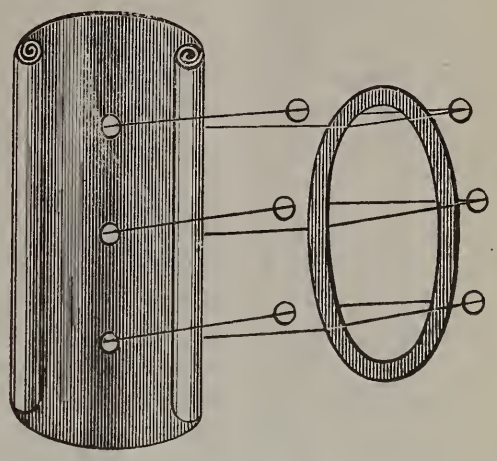

FIG. 1.

The distinctive feature of this plate, is that it is slightly concave upon its under surface, with the two sides rolled up, thus forming the two clamps for the sides of the fistula. These two rolled edges of the plate are about as thick as a small knitting and needle, act somewhat like the quilled suture, though much more efficiently, and without the injurious constriction so often created by the suture knot. Along the center of the plate as many holes are punched as there are sutures through the fistula; these perforations are made large enough to admit of the easy passage of the two thicknesses of the wire suture. After the sutures are introduced their two ends are carefully drawn together until the two freshened edges of the fistula are in close contact;

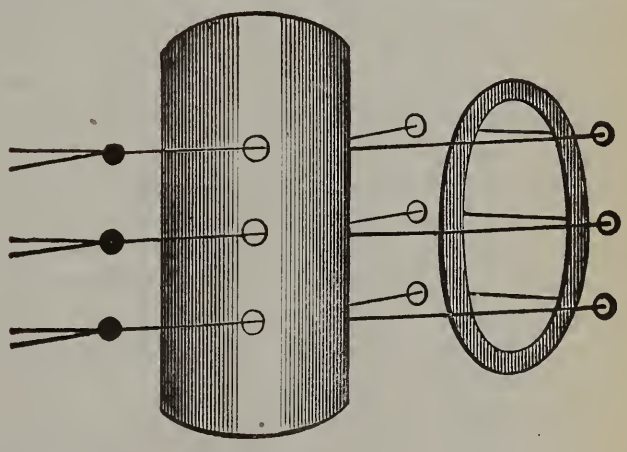

FIG. 2.

The plate is then placed over the fistula, concave side next to it, and the wires drawn through the middle holes, when the plate is firmly but gently pushed down until it snugly rests against the vaginal wall around the edges of the closed fistula, which it not only holds together like the quilled suture or clamp, but the concavity of the plate also shelters the fistula from all vaginal secretions, while the fastening of the sutures through the center holes in the plate immediately over the line of closed

fistula, brings it together like other sutures but without constriction. It requires no particular skill it accomplish their adjustment. The sutures after being drawn through the center holes, are fastened by clinching each wire with a perforatcd shot, with the ends cut off close to the shot on the outside surface of the plate. I have used this plate clamp but twice, but find that it works much more satisfactorily than any thing else I have ever used. In each of the two case in which I used it, perfect union had taken place when I removed it. Any jeweler can make it.

54 Monroe St.

Report of a Case of Suppression of Urine.

BY P. SUE, M. D., FENTON, MICH.

On the 25th day of March last, was called to see Miss H. æt. 30, a school teacher by occupation, found her very much prostrated from over work, pulse 90, temperature 100°, complaining of a good deal of pain in the lumbar region, and extending down both groins. After inquiring found that she had not voided urine since the day before, relieved her with catheter of about eight oz. of normal colored urine of specific gravity 1018 free from albumen, of acid reaction, no microscopical examination was made of it. She complained of headache, and the stomach was somewhat irritable. Her bowels having been constipated, left her some powders of hyd. chloride mite, to be followed in the morning by a saline cathartic, also two powders of bromide potassium of 20 gr. each, for use through the night, should she be restless.

Called March 26; the bowels had moved but no urine voided, nor had she any desire of voiding any, had slept but very little through the night. Introduced catheter, no urine.

The symptoms were about the same as the day before. I had undoubtedly a case of suppression to deal with. Having had good success in such cases with jaborandi, I placed her on 15 drop doses of the fluid extract every three hours, ordered milk diet, hip baths, and hot fomentations to the back.

March 27. No change. Increased jaborandi to 20 drops every three hours. Moved the bowels with saline cathartics. The irritability of the stomach increasing ordered bismuth and hydrocyanic acid, dilute. Milk diet continued. Pulse 100, temperature 100°, skin dry.

I will not follow up the case day by day, but in a few words will tell you that from the 25th of March to the 3rd of April she did not pass one drop of urine. The temperature during that time ranging from 100° to 101° and the pulse from 90 to 100 per minute, small, feeble.

The nervous centers were face from the effects of urea ; insomnia and restlessness, occasionally; slight muscular twitchings, were the only abnormal symptoms present.

The serous membranes were free from symptoms of inflammation. The throat was at times sore and the stomach constantly irritable, but the bowels did not present any signs of derangement.

On the 4th of April I drew with catheter four ounces of good colored urine, but none after that till April 6th. On the morning of that day the temperature had reached 112°, the pulse was 160, very feeble and irregular. I soon expected the closing scene. The mind was still clear. As a last resort she was lifted from the bed and placed in a chair and an alcohol bath was given her. She was then replaced in bed and surrounded with bottles containing hot water. The skin for the first time during her sickness responded to diaphoretics and in one hour's time she was bathed in a profuse perspiration. In two hour's time the temperature fell to 100° and the pulse to 80. In three hours from the time diaphoresis set in, I drew with catheter eight ounces urine. The secretion was re-established after this and she gradually convalesced. Five weeks from the time of taking to bed she was able, although in a feeble condition, to resume her occupation. She at the date of writing continues improving in strength.

I would beg to state here that there was no deception in the case, but that I report to you a genuine case of suppression.

Of course it is not necessary for me to state at length my reasons for reporting the case. I will make a brief résumé of the two principal ones.

Firstly. The length of time entire suppression existed without uræmic poisoning. I have not been able to find in any work or journal a case of this kind which did not end in death by the eighth day.

Secondly. The high temperature reached, 112°, with recovery.

P. S.—I forgot to state that my diagnosis was blood stasis in the kidneys.

Selections.

Spontaneous Recovery from Pulmonary Phthisis.—The experience of all physicians of any considerable practice, proves conclusively that many cases in which the diagnosis of pulmonary phthisis is made out beyond a question, do eventually recover. But no general deductions can be drawn from any one man's private practice, however extensive. The most reliable data must be gathered from the pathological records of large institutions. We desire, therefore, to call the attention of our readers to a remarkable report of this character by Docent Dr. Heitler, of the Pathological Institute of Vienna. Dr. Heitler opens his report with a brief historical introdction in which he incorporates the views of the leading clinicians and teachers of pathological anatomy before and since Lænnec, regarding the spontaneous cure of pulmonary consumption. He then proceeds to give the results of his own investigations of the abundant material afforded by the institute with which he is connected. His conclusions are drawn from notes of all cases occurring during a period of ten years, in which section demonstrated what he designates obsolete pulmonary tuberculosis,

or more or less extensive pigmented indurations, with rough nodules enclosed, or old cavities, or caseous masses, in which, however, the individuals had not died of the pulmonary affection, but of some other intercurrent disease. Cases of simple adhesions, or of cicatricial collections at the apices, were not included in the report.

In 16,562 *post-mortem* examinations, old tuberculous masses were found in 780. Of these 503 were in males and 277 in females. These 780 patients died of carcinoma 107, tuberculous affections (not of the lungs) 101, chronic Bright's disease 83, brain and spinal-cord affections 62, pulmonary emphysema 58, diseases of the heart and its adnexa 55, granular liver 45, wounds and suicides 20, croupous pneumonia, 46, caries and necrosis of bone, puerperal diseases, pyæmia, etc.

The very full tables accompanying this report show that the great majority were between the ages of 20 and 70 years, only 12 being under 20 years.

In the great number (651) the above changes in the lungs were found to be bilateral. They frequently involved a considerable portion of the upper lobe, and in a few cases they were found also in the middle and lower lobes. Four cases of recovery from disseminated tuberculosis were encountered. Here numerous callosities, about the size of hazelnuts, were found, which concealed in the center so-called mortelmassen. In three cases cured, ulcers of the larynx, in one cicatrix following ulcer of the colon, and in seven tubercular ulcers of the ilium were demonstrable.

Such statistics go to prove that tuberculosis in many cases terminates in recovery. This is true not only of the pulmonary variety, but also of tuberculosis in other localities. These cases occurred at various ages and in persons of all occupations and in all classes of society.

We are as yet unable to find any satisfactory explanation as to why or when such a cessation of the process occurs. At one time we find it taking place during the most marked disturbances of bodily nutrition, as in the acute diseases, and again we observe its rapid progress notwithstanding the most favorable hygienic surroundings. Of one fact our author is convinced :—that the prognosis becomes unfavorable as soon as the process has passed certain limits. In a lecture published two years ago he fixed these bounds at the second and third ribs anteriorly and the middle of the scapula behind. These anatomical and pathological observations only confirm the views then expressed.

Sunstroke.—Dr. Horatio R. Bigelow, of Washington, communicates to the *Medical and Surgical Reporter* an article on sunstroke. He discusses its etiology, pathology, symptomatology and treatment. He recognizes two varieties, one due to exhaustion and the other to cerebral conjestion. The treatment varies with the variety of the affection as follows :

In the adoption of such a course therapeutical measures will be opposed to each other in different instances. Many cases have terminated fatally which might have recovered had it been possible to insure *absolute* rest to the patient. The necessity of removing the sufferer to a hospital, and the length of time which may elapse before medical assistance can arrive, are causes which may operate fatally. Especially is rest a pre-requisite to recovery in cases of exhaustion where death is imminent from asthenia or syncope. When summoned to attend an adult suffering from heat stroke, our first duty is to remove the clothing and insure free ventilation. If it be a well-marked apoplectic case, with full, bounding pulse, stertorous breathing, slow respiration, heat of the surface, with throbbing of the carotids and temporal arteries, we should apply the ice-cap and sponge the body ; the cold douche to the shoulders and chest is of great service. The bowels should be freely moved by a brisk cathartic, preferably a drop of croton oil upon the tongue, and the head should be raised. The abuse of any procedure in the practice of medicine is not a contraindication of its use, and the physician will use his own discretion as to the propriety of bloodletting ; while the abstraction of blood would be fatal in some cases, it seems to be very important in others. In the purely apoplectic cases free wet cupping of head and spine seems to be good practice, and the history of its discriminating use confirms this view. Revulsives should be applied to the extremities. If the case should be one in which the predominant symptom is exhaustion, as represented by a weak, frequent pulse, feeble heart, and with the absence of the signs of cerebral congestion, we must *avoid, absolutely,* cathartics, emetics, and all depressing agencies, and cautiously administer stimulants by mouth or rectum. If the surface be hot and dry we may sponge the body with spirits and water. In the mixed form of the affection the treatment will be regulated by the predominance of symptoms. The use of cold to the head, of the douche, of cathartics or bloodletting, or of stimulants, will be governed by the intensity of either the apoplectic symptoms or those of exhaustion. Serious sequelæ are not apt to follow, but in certain instances well marked symptoms of cerebral impairment have been noticed. The father of a family which I attend has never fully recovered from the effects of a sunstroke received three years ago. For six months after the attack he was obliged to stop on the sidewalk and hold on to a tree box or lamp post if he heard the rumble of an approaching horse car or carriage. He was for a year troubled with extreme insomnia and nervousness, and he now has well developed neurasthenia. The use of pills of phosphorus and nux vomica in these rare cases, conjoined to the daily exhibition of electricity, will be followed generally by improvement.

Meat-Bread.—The *Medical Press and Circular,* June 2d, 1880, speaks of this invention, which is described by M. de Parville, in the *Journal des Debats :—*

Usually, when we eat we take the trouble of digesting at the same time our bread and our meat. Some one has conceived the idea of saving all this double work. M. Scheurer-Kestner has found the means of compelling the bread to previously digest the meat; that is so much gain for the stomach. An then, what a simplification: instead of concerning oneself with providing beefsteaks, chops, etc., there is nothing to do but provide the bread. The method is expeditious, and will be of importance to the soldier in campaign, the hunter and the traveler.

Certain juices digest meat, the juice of the papaya notably, the juice secreted by the so-called carniverous plants, vegetable pepsin, etc. The fibrine is attacked and dissolved in the juice. M. Scheurer-Kestner, father of the senator of that name, has discovered the very remarkable fact that during bread baking there is produced a peculiar ferment which determines the complete digestion of meat. A beefsteak cut into small bits and mixed with flour and yeast disappeared entirely during baking. Its nutritive principles are dissolved and incorporated with the bread. The curious point is that the meat, which is itself putrescible, keeps indefinitely in this state. M. Scheurer-Kestner fils has placed before the Académie bread, still excellent, which was prepared in 1873. It was neither mouldy nor mitey. At first, M. Scheurer-Kestner employed raw meat. He mixed 500 grams of flour with 300 of fresh beef. chopped fine, adding water in proper proportion, and waiting till the dough began to ferment. After two or three hours the meat had disappeared, and the bread was baked in the usual way. The bread-meat thus obtained has a slightly disagreeable, sourish taste.

M. Scheurer-Kestner avoids this by previously boiling the meat for an hour with the quantity of water necessary to moisten the flour. The fat should be cut away from the meat, and but little salt added. Salt, being hygrometric, tends to render the bread moist and prevent it keeping. A part of the beef is advantageously replaced by lard. The proportion of 50 meat to 100 flour must not be exceeded. Beyond that the digestion of the meat is incomplete. To tell the truth, adds M. de Parville, the meat-bread we tasted at the Académie, and which was prepared in the month of June last, looks very good, but it does not excite the appetite. Good, savory roast beef will undoubtedly be always more pleasing to the jaded stomach. However, exceptionally, and especially for preparing nutritive soups, it seems likely to serve a useful purpose. It is only necessary, having cut the bread in slices, to boil eighty grams of the biscuit in a litre of water for twenty minutes, and salt to taste.

The meat-bread was sent to General Chanzy, in 1873, that he might try it for the troops. "The soup thus obtained," wrote M. Scheurer-Kestner, "although very *eatable*, is not sufficiently *appetizing*. The soldier, it is to be feared, would soon grow tired of it. However, further trial ought to be made." Since 1873 its manufacture has been greatly improved. The addition of lard gives taste to the bread. M. Scheurer-Kestner states also that veal incorporated with the bread furnishes excellent soup, which would be suitable for the sick and wounded.

Salicylic Acid in Acute Rheumatism.—The following are the conclusions of a paper by Dr. Von Bokkenheuser, in the *Nordiskt Mediciskt Arkiv:*

"1. Salicylic acid is a specific against acute, febrile, articular rheumatism.

"2. Its essential properties consist in the power it possesses of causing the affections of the joints to disappear and the fever to yield within some few days.

"3. This result is effected with equal facility in patients of different sexes and ages; at the same time the effect is the more speedy and complete the earlier in the disease the patients come under treatment.

"4. Salicylic acid is not capable in any special degree of cutting short the disease; but it alters its character in such a way that the patients, after the lapse of the first few days, do so well that they no longer feel themselves ill.

"5. The treatment with salicylic acid does not always prevent a relapse, even if an 'after-cure' is employed; but as a rule such a relapse can be brought to yield again in a very short time.

"6. It is possible, and even probable, that the treatment with salicylic acid is often capable of preventing the outbreak of acute affections of the heart and lungs; and it is certain that these, when they do arise, pass off in a milder way than they otherwise usually do. In particular, it may be laid down that this treatment almost excludes the occurrence of an attack of pleuritis.

"7. Salicylic acid is capable of stopping in the course of a few days, an acute exacerbation of a chronic articular rheumatism.

"8. Against monarticular pains salicylic acid is infective.

"9. It likewise appears to be ineffective against attacks of a febrile acute articular rheumatism, even when these are of a polyarticular and wandering nature.

"10. Against rheumatic hyperpyrexia salicylic acid has no effect.

"11. In the case of a very few patients there seems to be such an immunity against salicylic acid that it produces no effect upon them.

"12. The treatment with salicylic acid does not exclude all other methods of treatment, such, for example, as the use of baths, protective bandages, and the like.

"13. No definite contra-indication to the use of salicylic acid seems to exist; but sometimes circumstances may require us to discontinue the medicine either for a time or alltogether."

It will thus be seen that the Copenhagen experience of salicylic acid is very similar to our own, but no note is made of the powerful influence it seems to exercise on the ventricular systole, and the consequent modification of the first sound of the heart.

A Simple Method of Cure for Ozena.—Dr. Gottestein considers ozena as a constant symptom of chronic coryza. He has no doubt that in consequence of the destruction of the glands, there is produced a diminution and an alteration of the nasal secretion, which, drying rapidly, remains adherent to the mucous membrane in the form of crusts and undergoes a decomposition which produces the fetor. A limited atrophy of the mucous membrane is sufficient to give origin to the ozena. Adopting this view of ozena, it will be understood that there can be no question of a radical cure, since we cannot hope to establish the normal secretion in an atrophied membrane. We must then seek for a symptomatic cure which should be most simple and least inconvenient for the sufferer,

The author was led to this plan accidentally, while experimenting to see if ozena might be the result of an abnormal dilatation of the nasal fossæ, caused by atrophy of the inferior septa, causing, in consequence, a slowing of the current of inspired airs which is not sufficiently strong to favor the expulsion of the nasal secretions. The method by which the author has been able to obtain perfect results in the space of three months in fifteen cases of ozena is as follows :

He commences with a nasal douche, which removes the secretions from the nasal fossæ and allows him to recognize the state of the mucous membranes and the extent of its lesions. He then introduces into the diseased cavity, a tampon of cotton three to five centimeters in length, which should remain in place for the space of twenty-four hours.

An hour and a half or two hours after its application, patients notice that the nose becomes a little moist. If the tampon be then withdrawn, the mucous membrane is seen to moist, without crusts or bad odor. An interval of twenty-four hours may elapse between two applications of the tampon. If both nasal fossæ are diseased, the tampon may be used alternately every twenty-four hours. The tampons probably restrict artificially the cavity, which increases the action of the column of inspired air, thus facilitating the expulsion of the secretions; and absorbing continually the matter excreted, prevents its drying up.—*Gazette Medica—Chicago Medical Journal and Examiner.*

Influence of Mineral Water Baths.—At a a recent meeting of the Académie de Médecin (*La France Méd.*, 1880, p. 212) Dr. De Ranse read a paper the conclusions of which are substantially as follows :

1. Baths at a temperature of 33° to 35° C. (90° to 95° F.), of ten to forty minutes' duration, in a mineral water containing not more than one grain in 1445 of fixed principles, produce at the end of four or five days, general excitation of a physiological character, chiefly shown by more or less feverishness, nocturnal agitation with languor during the day, digestive disturbance, and occasionally a slight eruption upon the skin.

2. In addition, a sort of excitation, with exacerbation of certain morbid symptoms, is observed in patients, this exacerbation affecting chiefly the dominant symptom of the disease, whether it be rheumatism, ataxia, neuralgia, or what not.

3. The period of this excitation is occasionally postponed later than the end of the first week, and occasionally it returns after the patient has recovered,—a sort of post thermal crisis.

4. The cause of this action is not found in the thermal qualities of the water, nor in absorption and consecutive action on the organism of the mineral constituentt held in solution, nor in an irritative and revulsive action of these constituents on the cutaneous surface. The cause seems rather to reside in a modification of the cutaneous innervation, and, secondarily, by sympathy or reflex action on the innervation of other systems or apparatus of the economy, in particular those affected by the disease.

5. It seems reasonable to attribute this modification of cutaneous innervation to a direct excitation of the nervous fibres of the surface of the skin, by the mineral constituents of the water playing the part either of physical or chemical excitants, or of both simultaneously. Future researches should be made in the direction of determining these elementary actions.

6. From a clinical point of view, the degree of thermal excitation cannot serve as an absolute criterion to estimate the effects of the cure. Generally speaking, however, it may be asserted that a lively and sharp excitation is a favorable prognostic sign.—*Medical Times.*

Salicylic acid in infantile eczema.—Dr. T. Von Genser, of the Foundling Hospital, Vienna, is quoted as follows, in the *American Journal of Obstetrics :*

The most common skin disease in children is moist and oozing eczema, which appears chiefly on the face and head. Without discussing the question whether it is a local or a constitutional disease, but simply stating that we in Vienna consider Hebra's opinions as the direct guide for treatment, I may say at once the local means used are by far the most important, if not in all cases the only ones. The great number of local remedies which have been proposed serve only to show that none of them succeed in all cases. Salicylic acid has, perhaps, latest come upon the scene, and has now been used in this institution for two years.

The results of our observations may be shortly stated : Treatment with ointment of salicylic acid is eminently successful in cases of *moist* eczema. The diseased regions treated by it quickly dry up ; the skin, at first deeply reddened, repeatedly scales off, and becomes thereby paler and paler, until it is restored *ad integrum.* We have never seen evil results. Immediately after its application, the salve causes more or less burning, and the children cry a little, but this soon ceases. Of course, we must not expect too much from the salve. It does not prevent the formation of new vesicles on the peri-

phery, that is, the extension of the eczema. Some cases which are extremely obstinate in yielding to it, can, however, be perfectly cured by it without internal remedies.

The ointment is of less value in the dry, scaly form of eczema (squamosa), which so often occurs in childrens' faces. Here we have to fall back on the tar.

In intertrigo the ointment has given good results.

We have also used it in cases of dermatitis exfoliative. In his monograph on this disease, Prof. Ritter states that the denuded corium is moist and oozing, and sometimes dry. It is in the first form that the salicylic salve has proved of great benefit

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Poisoning by the Chlorates.—F. Marchand (*Cbl-f. Chir.*, No. 12, 1880 ; from *Virchow's Archiv*) observed a number of cases in which fatal poisoning occurred from chlorate of potassium given for medicinal purposes in diphtheria, etc. On account of the importance of the matter, Marchand subsequently uudertook a series of experiments upon dogs, with a view to ascertaining the symptoms induced by poisoning with the chlorates.

When large doses were given, death occurred very quickly ; post-mortem examinations showed no changes excepting in the blood, which was chocolate-brown in color not changing when exposed to the air. The various organs of the body were likewise brown in color to a greater or less degree, according to the quantity of blood contained. When death did not occur shortly the urine evidently contained blood, was dark brown and albuminous. In addition cerebral symptoms, delirium, coma, and vomiting supervened, which either gradually disappeared or grew worse until a fatal result occurred. In these cases the autopsy revealed marked alteration in the kidneys, consisting essentially in an almost entire plugging up of the canals of the pyramids by brown-blood cylinders. These changes are evidently due to an action of the chlorates upon the blood, these salts giving up large quantities of active oxygen to organic substances, and thus giving rise to an oxidation product of the coloring-matter of the blood, methæmoglobin, a body having a brown color with a characteristic absorption band in the red of the spectrum. As a result the blood cells are disintegrated, and the product of this metamorphosis, being excreted by the kidneys, produces the obstruction above alluded to. Dr. Marchand gives full details.

Slippery Elm Probes and Dilators.–Dr. Skene, at a recent meeting of the New York Obstetrical Society, referred to the use of the root of the common slippery elm for probes and dilators in gynæcological cases. His attention had first been directed to their use, by Dr. Tuckerman, of Ohio. who had employed them successfully. If a piece of the length desired, rounded at the end, the bark being left on, were dipped in warm water for a few minutes, its flexibility and mucilaginous covering would enable the operator to dilate the urethra or the cervical canal or explore cavities, with more facility and less damage to the mucous membrane than with any dilator he had ever employed.—*New York Medical Journal.*

Formulary.

Depilatory Pomade for Favus.—Dr. Claudat, in *Le Progrés Medical*, give the following :

Lard	25 parts.
Glycerine	5 "
Carbonate of soda	4 "
Powdered quicklime	2 "
Powdered charcoal	1 "

After a variable period, seldom more than ten or twelve days, the skin assumes a red tint indicating that epilation may be commenced. The hair cut short may be then seized with the fingers and removed witout the least pain. A lotion of corrosive sublimate, one to 500, is then applied for eighteen days, after which araroba (Goa powder) ointment may be used.

Eczema of the Scalp and Nose.

Neumann of Vienna, in moist eczema of the hair and scalp, bathes the diseased parts twice a day with the following solution :

Venetian borax	
Crystallized alum ää	5 parts.
Glycerine	100 "

For this lotion may be substituted a pomade thus formulated :

Venetian borax	ʒ j.

Dissolve in a sufficient quantity of glycerine,

Mutton suet	
White wax, ää	ʒ ij.
Olive oil	qs.

In eczema of the nose he introduces into the nasal orifice suppositories composed with

Cacao butter	12 grs.
Pure tannin	2½ "

The tannin may be replaced (2½ grains) of oxide of zinc.—*Le Practicien.*

Eczema Intertigo of Infants.—Dr. H. B. Hodges, in the *British Medical Journal*, recommends the following after twenty-five year's practice :

℞	Plumb. acetatis	grs. xxx.
	Acidi acetici diluti	℥ ij.
	Glycerinæ	℥ jss.
	Aquæ rosæ, ad	℥ viij.

M.

He uses no internal medicament.

For Catarrh of Bronchi or Throat.

℞	Quinidiæ sulph	
	Cinchonidiæ sulph.	jx grains.
	Pul. tragacanthi	xij "
	Pulv. althææ radicis	v "
	Pulv. gentianæ	vj "
	Pulv. santali rub	ij "
	Glycerinæ	vj "
	Acidi muriatici	vj "

M. Dir. in pil. no. xxjv.

Sig. Four or six pills at bedtime, three pills every two hours during the day.

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

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Editorial.

The Salisbury Treatment of Consumption.

We devote considerable space in our present number to the consideration of this plan, publishing Dr. Cutter's article and reproducing Dr. Salisbury's paper on the subject. We are not credulous and, of course, do not presume to pass up the merits of either the theory or of the method of treatment based thereon. This much, however, must be conceded: consumption is a disease very deadly in its effects; its etiology and pathology have received the attention of pathologists of, we may say, all ages, but there have been, and is not yet, any unanimity of opinion on these points; sanitary science and the materia medica have been placed under tribute for its prevention and cure; but at no time in the history of the race has the disease been more prevalent or less amenable to treatment. The dictum of the profession is, Consumption cannot be cured! When a recovery takes place either medicine gets no credit for it, or there is a suspicion that there was an error in diagnosis. But because all efforts have heretofore been failures is it a logical sequence that failure must continue to attend effort? To argue thus is to argue that medicine has reached its *ultima thule*, and that the *thule* is a barren waste. We have greater faith in the possibilities of medicine. Drs. Salisbury and Cutter are microscopists of recognized eminence, and until the contrary has been proven, we must believe them gentlemen of veracity. To pronounce their experiments nonsense and "unmitigated bosh," is therefore not only unfair, but until they have been proven so, is a violation of the scientific spirit. These gentlemen say that they have discovered a ferment in the blood of consumption, that ferment is absent in the blood of the healthy man, that by certain method of diet it can be removed from the blood of the consumptive, and that by another method it can be produced in the bood of the healthy man. They, therefore, quite logically, it must be conceded, suspect a causative relation between this ferment and consumption. They claim to have cured consumption by the same plan of procedure that has removed the ferment, and refer to the persons, giving their address, in whom the cures have been effected. There is nothing equivocal in their assertions, and they court investigation and challenge refutation. We are unable to discover any sinister motive in their advocacy of the plan they pursue, and there has been nothing secret or surreptitious in their methods. There are many microscopists in the country capable of proving or disproving their theory, and every city town and hamlet, alas! furnishes too abundant material on which to put it to the test of actual experience. Seeing then that we know of no plan of treatment, through the suspension of which the consumptive would suffer probable injury, why should not the Salisbury method be tested? To refuse it this test, and to oppose the theory on which it is based by other theories, which have, time and again. been exploded, is at once unworthy, and—we were about to say, criminal.

Verification of Thermometers.

The desirability not only of accuracy in an individual thermometer, but also of uniformity in the instruments in the hands of different observers, is at once apparent. We were once present at a consultation with two other physicians, each of whom and ourselves took the patient's temperature, each with his own thermometer. The discrepancy in results was remarkable, there being a difference between the highest and lowest temperature registered of $1\frac{1}{2}°$. Doubtless if the same comparsison were made with the instruments employed by other practitioners, as great, if not a greater, discrepancy would be revealed. The errors to which this state of things is liable to give rise, are too obvious to require comment, and any plan which will obviate them should be heartily endorsed. Such a plan may be found in a thermometric bureau recently established by the Corporation of Yale College, at the recommendation of the Board of Managers of the Winchester Observatory. The following regulations have been adopted by the bureau:

"Thermometers will be received by the observatory for the purpose of comparison with the observatory standards, and certificates of comparison signed by the Astronomer in charge will be issued with thermometers so compared. These certificates will contain a statement of the corrections to be applied at intervals of five or ten degrees of the thermometer scale, to cause it to have the same reading as the observatory standards. In general these corrections will be expressed in tenths of a degree Fahrenheit, or in twentieths of a degree Centigrade.

Thermometers sent for verification must have a name and number engraved upon them; and thermometers which are not graduated upon the glass stem must be of sufficiently good workmanship to satisfy the observer in charge that the scale will not suddenly change with reference to the glass stem of the thermometer tube, with ordinarily careful usage.

The Board of Managers have established the following scale of charges for this service, which includes the hall mark and the certificate:

Standard meteorological thermometers	$1.00
Ordinary meteorological thermometers	.50
Ordinary maximum thermometers	.75
Ordinary minimum thermometers	.75
Clinical thermometers	.50

There will be a deduction of one-fifth of the above charges where more than eight thermometers of one kind are received at the same time. In the case of clinical thermometers the charge will be four dollars per dozen, when not less than two dozen are sent at the same time.

For other thermometers than the above the charges for verification will be furnished on application.

The letter of advice accompanying thermometers sent for verification should contain the maker's name, the number of each thermometer, and full directions for reshipment.

All proper precautions are taken by the Board of Managers to guard against loss or injury ; but as it is manifestly inexpedient that a University Corporation should be responsible for property in its care for such a purpose, it is to be understood that all risks are assumed by the person sending the thermometers.

LEONARD WALDO,
Astronomer in Charge.

Medical Advertising.

Our esteemed correspondent in another column insinuates a charge of inconsistency against us because of a seeming discrepancy between our expressions and practice, in the matter of medical advertising. He, however, reasons from false premises. By medical advertising, as the term was employed by Dr. Baker, is meant the advertising by *physicians*, and that of their ability, real or fancied, to heal the sick. The advertising which is the base of our correspondent's charge is the advertising by *laymen, to* physicians, and consists of their calling attention to drugs or other articles of service to physicians—the instruments, in fact, without which it would be imposible for the physician to practice his art. The difference between the two kinds of advertising is radical. The latter is not only legitimate, but essential. Physicians cannot now, in the very nature of things, gather and prepare their own drugs. In primitive days they did so, and they were then independent of the pharmacists. Pharmacy, however, soon became a necessity, and as pharmacists did not themselves employ their preparations, and as physicians had no means of knowing what particular drug the different pharmacists prepared, advertising became necessary, as much for the physician as for the pharmacist. Advertising consists essentially in announcing a fact, and as applied to merchandise it may be done in various ways, the cheapest and most effectual of which is through the press. But this is not the only method of advertising, and some who object to it take the other plans, very kindly, and without a suspicion that the object of them is precisely that which is sought through the medium of printer's ink. Advertising in medical journals is, of course, liable to abuses, and it is an editor's duty to guard against these. The ethics of the profession should have a controlling influence over all departments of the medical journal, and as a rule the the journals of this country are very free from objectionable advertisements,—more free than are the medical journals of Great Britain, Germany, or France.

Our correspondent errs in saying that a large part of the NEWS is devoted to advertisements. The part for which subscribers actually pay, that is the reading matter, is never encroached upon. We give sixteen pages in each issue, or 384 pages in the volume for one dollar, and all advertisements are placed on additional pages.

Clinical Notes.

Whatever may be said in favor of medical theories, pathological observations, and the distinctively non-practical branches of medicines, it cannot but be admitted that these are but foundations upon which to build those divisions which have to do directly with the treatment of disease. A foundation is essential, but it is only so when it supports a superstructure. In medicine the superstructure is therapeutics. The foundation is laid in the dissecting room and in the laboratory, the superstructure is built out of facts collated from experience in the actual treatment of disease. The highest object of a medical journal is to be the medium for the transmission of those facts, and the greatest service the physician can do his profession is to communicate such of these facts as he may observe. The future of medicine depends on the keen eyes and the willing pens of its practitioners. The experiments of the chemical and physiological laboratories are little more than repetitions of what has been done over and over again, but in disease each observation may reveal a new fact. In treating a case every physician should have two ends in view, the first to observe the peculiarities and to note how these are influenced by drugs. After this it becomes his duty regularly to communicate his observations and his deductions to his medical journal.

It is a serious mistake, serious because of its possible consequences, for the practitioner to suppose that nothing is worth reporting which is not startling in its nature, or that no paper is worth publication which does not contain some pathological observation, some abstruse statement, or some ingenious theory. What is wanted, and what is, therefore, read with great interest by the subscribers to medical journals, is not any of these: it is the record of facts.

An extract in our last number, copied from the London *Lancet* conveys a good idea of the manner in which physicians may contribute to the usefulness of their medical journals and thus help each other. A vast amount of valuable material is wasted yearly simply because the practitioner has not time to elaborate it into an article for publication. He is

too busy to write such an article as he thinks should appear over his name. The suggestion is that he merely note the facts and send them to his medical journal for arrangement and elaboration. For our part we will gladly perform this editorial work for any one who may thus favor us. Give the facts and we will do the clerical work of preparing them for publication, and will send a proof of the article for approval, alteration or correction before sending the article to press. By assisting us in this way our readers may very materially assist each other and enable us to present to them a journal of the highest degree of usefulness. We hope to see this suggestion acted on.

The Metric System.

The advocates of the metric system are very persistent in their efforts to foist it on the profession. In season and out of season they are advocating its claims and urging that it supplant the system of weights and measures now in use. They have succeeded in achieving for it a foothold in the coming decennial pharmacopeia—a foothold which, unless care be exercised, will result in a repetition of the camel's intrusion, in the fable. There is no objection to its employment in pharmacy, that is, for the purpose of manufacturing, but to introduce it into the dispensing of drugs will be to cause great confusion.

In an article on the subject in *New Remedies*, R. Rother, of this city, very clearly shows, as it has indeed been shown before, how this confusion will occur. The change from the system in vogue for centuries to the new system would be a deep-going revolution, and as such it would not be conducive to real progress. If the change were even desirable it should be gradual in the natural course of evolution. Abrupt and arbitrary interference is unwise because unnatural. A reaction from one extreme invariably tends to the opposite. The more violent the impulse, the greater will be the aberrant effect, and correspondingly longer will the period of reaching a more stable equilibrium, or mean result.

The proposed change in the pharmacopeia implies that medicines shall be compounded by weight. If so it necessarily follows that they shall be administered by weight. In that case it will be necessary for each patient to be provided with a set of weights, the old time teaspoon, tablespoon and wine glass being no longer admissible. The object of the change should be to secure uniformity, but to dispense by weight and administer by measure, especially in the case of relatively heavy or light fluids, would make confusion worse confounded.

The simplicity of the metric is urged. This is an illusion. It admits of but one bisection, and then a complexity begins from which only a specially endowed mathematical mind can extricate itself, with any degree of certainty. The present generation of physicians have formed their conceptions of quantities on the apothecaries weight, and it is virtually impossible for them to conceive of a quantity in the metric measuremement. They know, for instance, what a gramme is, only when they reason that it is 15.434 grains, and when they prescribe in the metric system they really only translate the prescription written in the old system, into the new.

If it is deemed desirable for purposes of uniformity throughout the world, for this country to adopt the metric system, the change must be gradual, commencing with the children in the schools, and teaching their plastic minds to conceive of quantities in this system. This is the only natural course and any other is artificial, unnatural and liable to error.

Hospital Reports.

We have received the Third Annual Report of the Eye and Ear Department of St. Mary's Hospital of this city, from which we learn that Dr. Smith is the surgeon and that he treated 983 cases at the institution during the past year. This is all we do learn. Dr. Smith "did intend to call attention to the treatment of various cases, and the effects of eserine, duboisa, etc., in certain cases ; also mention some clinical facts regarding the operation of cutting the optic and ciliary nerves (Optico-Ciliary Neurotomy), but my time is too much taken up at present, and the report has been already delayed."

We regard it as extremely unfortunate (that is, for the profession) that Dr. Smith was too busy to make his report of such a nature as would make it of some use. Among the large number of cases which he treated there must have been some of unusual interest. The profession, too, would, we are sure, have been very much interested had he given the results of any particular line of treatment which he may have adopted. The statement that he treated one case of anchylo-blepharon, one of symblepharon, two of hyposphagma, eight of pinguecula, one of keratitis hypopion, two of aphakia, one of coloboma, one of hemeralopia, nine of dacryocysto-blenorrhœa, two of amblyopia ex abusa, and thirteen of amblopia ex anopsia, is very interesting though somewhat disconnected reading, but it only excites curiosity. What was done for these polysyllabic affections, and how did they come out? Why were the the twelve eyes enucleated, what the success of the six operations for cataract, and how did the eight cases of trichiasis, Jæsch-Arlt's operation, turn out ? Herein are we particularly interested, and although the report was somewhat delayed we would gladly have waited a little longer had it contained information on these points. Without such information, in a report, the profession will ask *cui bono ?*

Dr. Johnson says in the *Rambler*: He (Polyphilus) determined to quit physick for a profession (the law) in which he found it would be so easy to excel, and which promised higher honors and larger profits, without melancholy, attendance upon misery, mean submission to peevishness, and continual interruption of rest and pleasure.

Miscellany.

New York Letter—Professional Amity—Tanner's Fast.—There is the usual whirl and excitement in this great center,—center for everything, the scene of intensified American nature. The medical schools are of course all shut down, but the effect on medical circles is scarcely preceptible. The presence or absence of students has very little effect on the prevading spirit—the spirit not so much of emulation, it is to be feared, as of burning jealousy and acrimonious rivalry—which moves the mind medical. You, Mr. Editor, and your western readers, have doubtless often deplored the lack of harmony and unanimity which obtains among the medical profession. You see your doctors of the law, and even of divinity, of your cities, and even towns and villages, greeting each other in a friendly way, and dropping in on one another, occasionally, to have a friendly chat, perhaps to sip together a bottle of goodly wine, or perhaps to smoke a fragrant Habanna ; but your doctors of medicine,—well they don't indulge in that sort of thing to any alarming extent, at least among themselves. When they spend a dollar on wine or cigars it is usually either for their own immediate consumption, or as a sprat to entice the mackerel from some other fellow's net. There seems to be something about medicine which antagonizes its practitioners. What that something is has never yet heen properly determined, although many theories have been offered. New York doctors are human just like the rest of us, and as far as I have been able to see, some of them are quite human. The jealousies, antagonisms, and backbitings, which exist among them, if published would furnish a sad commentary on human nature, and on that part of it which embraces the doctors, in particular. I am not in practice, as you know, but am here merely for the purpose of looking about, recreating largely, studying moderately, going the rounds of the hospitals. I have no axe to grind, for the West is my home and there I shall soon return ; and thus I am at liberty to go about, and as I regard the study of human nature and a contact with men a very essential part of the physician's education, I have gone about a good deal, and have had agreeable social chats with nearly all the "lights." They are as a rule good men, although no better than may be met in any of our Western cities. They know my purpose and know that I call around a good deal among rivals, and perhaps that is one reason why they treat (?) me to the amount of backbiting. A small number, not over a dozen, of the New York doctors have by age, great respectability and talent, removed themselves beyond the field of rivalry and jealousy, and one hears little to their discredit ; but the younger men, those who are still on the upward march, and striving to add fresh patients to their clientele, fresh guerdons to their fame and receive an immense amount of abuse (not the less damaging because it is covert) from envious rivals. As a rule the more gilded the butt the more numerous are the arrows of envy.

I suppose, Mr. Editor, were some of the right good fellows whom I meet, to suspect me of entertaining such an opinion of them, they would receive me very coldly the next time I call. But I haven't mentioned any names, neither will I, and if they would only take the hint, and say nothing ill, if they cannot say anything good of their rivals, they would thank me for referring thus to this pervading weakness of medical men.

The latest sensation is the Tanner fast, which, notwithstanding its ridiculous and suicidal nature, (perhaps because of this), has excited considerable popular and even professional interest. The readers of the News are already familiar, through the secular press, with the features of this fast. Dr. Tanner claims to have gone forty days on a previous occasion without eating. Then he did it in the interest of religion, an infidel having advanced as an argument against the authenticy of the New Testament its statement that Christ fasted forty days and as many nights. Now he is fasting in the interest of science ; probably thinking that science is more popular in New York than religion, and that, therefore, his fast will draw bigger houses. At this writing the devotee lacks only two days of completing the forty. There remains little room for doubt that the fast has been genuine. He has been closely watched by honest watchers, and the possibility of his having been nourished surreptitiously is hardly to be entertained. For all practical purposes he may safely be said to have already fasted thirty-eight days, and although he is now very low, he will probably hold out two days more. Whether he does or not he has already proven himself to be possessed of wonderful endurance. His accomplishment has been sufficient to cause physiologists to revise their statements regarding the length of time which it is possible for a man to exist without food. The limit of time which it has been supposed a healthy man could subsist without food is ten to fourteen days. In sickness, the activity of the organs being held in abeyance, authentic instances are recorded in which the patient has lived longer than this. The Welsh fasting girl who excited so much attention some ten years ago lived just eight days after she was closely watched. She had before that in all probability been secretly nourished. Instances are recorded in which persons have subsisted for over forty days without eating, but the fact that they were not watched makes them unauthentic.

Consumption of tissue is a result of vital process, and physiologists have maintained that during starvation this consumption goes steadily on until the man or animal loses four-tenths of its weight, when death occurs. Dr. Tanner's experience is an exception to this rule. He steadily lost weight until the sixteenth day of his fast, having lost twenty-five and a half pounds. Up to this time he had drunk nothing. On drinking freely of water he gained two pounds in a few days, and has since not lost in all over two pounds. Thus in the course of three weeks

he has actually not lost over two pounds—having apparently supplied the waste of tissue by taking water. We know that gas may be manufactured out of water, but it has never before been suspected that it could be turned into animal tissue. There are no sufficient grounds for such a supposition now, and the facts in Tanner's case require some other explanation. The question, it seems to me, which this fact raises is whether the consumption of tissue in the faster is the support of life, or only an evidence of life. Certainly something more than consumption of tissue is necessary to the support of life in these cases, for emaciation is not an invariable accompaniment of starvation, animals frequently succumbing to deprivation of food and still being well padded out with adipose and other tissues. Tanner has lived for two weeks without consuming practically any of his tissues. Life is intimately associated with the nervous tissue rather than with the muscular or adipose, and this tissue is under the control of the will. We know how easily some persons succumb to disease. Diseases apparently trivial sometimes take patients off, while others survive apparently in spite of the severity of the disease. It is not the largest or the strongest man who best resists disease. The apparent weakly but wiry woman will survive attacks to which the giant would succumb. Tanner is not a large man, but there are lines in his face, a cut to his mouth, and an indescribable something about the whole man which impresses one with the fact that he is a "stayer." He is a man of strong nerve power and he has this power well under control. Hence he lives. This is my theory. The ethics of the profession prevent me from having it patented, but I, nevertheless, am convinced that it is in this direction that the explanation of Tanner's fast lies. You will see many theories advanced within the next few weeks. You have mine. Wm. A. Hammond will probably have no theory. He will denounce Tanner as a humbug, and for no better reason than that he did not die. Hammond has theories, and if facts cannot be made to conform to these theories they are not facts at all, but delusions. Of course such a thing as a Hammond theory being at fault cannot be conceived of. Hammond is sorry that Tanner would not submit to his (Hammond's) conditions, and fast without water.

He at first with characteristic bluster, denied the possibility of a man's living over ten days without food, and would wager Tanner $1,000 that he could not fast forty days ; but he weakened when he saw that the little Englishman meant business, and then insisted that abstinence from water should be a condition. But that was a very Hammondish trick. By the bye Hammond intimates that the eclectics who have Tanner in charge are quacks, and that their observations will profit nothing. Perhaps they are quacks. I know nothing of their ability, but this much I do know that it is in extremely bad taste that Hammond calls any man a quack.

[Since the above was put in type Dr. Tanner has successfully completed his fast, and is now regaling himself principally on fruit, watermelon being a favorite. He seems to experience but little trouble with his stomach, contrary to what was expected.

It is but justice to Dr. Hammond to say that our correspondent's criticism of him is rather severe. As far as Tanner's fast is concerned Dr. H., though at first believing it to be impossible of accomplishment, has, since its completion, publicly expressed his belief in its genuineness.—Ed. News.]

The Occurrence of Tails in man.—Professor Virchow (*Virchow's Archiv*, Bd. 79, p. 176), in a brief article on this subject, refers to several cases which have been reported by recent or older writers. Dr. Ornstein, of Athens, surgeon-in-chief of the Greek army, has recently reported several instances of abnormal growth of hair in the sacral region, which Virchow designated as "sacral trichosis." Ornstein's view was that these growths were atavic in character, and were analagous to the hairy tails of inferior animals. Virchow, having met with a case of partial lumbar trichosis, investigated the matter, and came to the conclusion that two similar but distinct conditions may exist,—either a simple growth of hair or a hairless prolongation from the coccyx of of a cutaneous nature. Virchow's case appeared, on examination, to be an unusual form of nævus pilosus, situated over the closed spina bifida of an adult woman, and evidently to be explained by the supposition of early local irritation. But, on the other hand, medical literature certainly affords a certain number of examples of true tail-formation in man, this appendage apparently resulting from elongation of the vertebral column. None of these cases, however, were complicated by the abnormal growth of hair. One of Ornstein's cases showed a distinct elongation five centimeters in length. It appeared to originate in the attachment between the first and second false vertebræ of the coccyx. The process itself was hairless, but a decided collection of hair appeared over the sacral region.

Michel has pointed out that in the human embryo a rudimentary tail is distinctly made ; and the discovery of men with tails seems to lend support to Lord Monboddo's theory that all mankind originally wore them. Virchow remarks upon the frequent occurrence of a considerable quantity of hair, upon the sacral region of new-born children.

One of the longest tails on record is that reported by Greve in 1878 (*Virchow's Archiv*, Bd. 72, p. 129). This occurred in the case of a new-born infant, was 7.5 centimeters in length, and moved about when pricked with a needle. It was removed by an operation. Virchow recently dissected this tail, and found it not to contain any bone, cartilege or muscle ; nevertheless it was a good substitute for a tail.

The custom among certain savage nations of attaching artificial tails to the person has been regarded by some anthropologists as a reminiscence of the happier times of tailed ancestors. Virchow, however, throws some doubt on this.—*Medical Times.*

Length of Legs.—Dr. Morton, of Philadelahia, has measured the legs of 512 boys from eight to eighteen years of age. In 271 he found inequality of length. In 241 there was no appreciable difference. Ninety-one showed a difference of one-eighth inch, 100 of one-fourth inch, forty-one of three-eighths inch, twenty-two of one-half inch, twelve of five eighths inch, two of three-fourths inch, two of one inch and an eighth, one of one inch and five-eighths. In these cases the right limb was the longer of the two in 198 cases, and the left the longer in the remaining seventy-three. None of these boys had suffered from injuries or diseases of the bones or joints of the extremities, and none of them were aware of the shortening. These, like all carefully-observed facts, are of value ; but it would be perhaps still more conclusive if similar results were found in adults, because there is a great difference between inequality in rate and inequality in extent of growth. The teeth on the two sides of the jaw are not always cut exactly at the same time, though when the process of dentition is complete bilateral, symmetry is secured. It would be satisfactory, therefore, if measurements could be made, say of a regiment of soldiers, with a view to corroborate or correct the results of Dr. Morton's measurements. This investigation is important. Already it has rescued a doctor in America in an action for malpractice, in which the plaintiff claimed damages on account of three-fourths of an inch shortening after fracture of the thigh. In addition to evidence that inequality of the limbs is not infrequent, a lad in court was measured, and his limbs showed a difference in length of three-eighths of an inch. This at once led to a non-suit.—*Lancet.*

Indian Obstetrics.—Dr. G. A. Moses gives the following account of obstetric practices among the Indians, in the *St. Louis Courier of Medicine :* An Indian woman, of the Kiowa tribe, one of the wildest tribes, which has come scarcely at all in contact with the whites, had been in labor for three days, and it being apparent to the friends and mid-wife squaw that successful natural delivery was impossible, and that under the native treatment by incantations, beating of tom-toms, etc., the woman's strength was becoming rapidly exhausted, assistance of the post medical officer was desired. It was only after several visits to the wigwam that the doctor finally was allowed to make a very hasty and imperfect digital touch. The head was arrested in the cavity. After still further delay he was permitted to apply the forceps, which, to the intense amazement of the lookers-on, drew forth a living infant. As soon as this was affected the physician was rudely pushed aside, and the Indian midwife took charge of her case, compelling the woman to arise to her feet. She was sustained in a bent posture, grasping with both hands the center pole of the tent ; then the squaw proceed to carry out methodically Credé's method of expressing the placenta by pressing the uterus through the abdominal walls, with both hands pressing in the direction of the pelvic cavity, until the placenta appeared at the vulva, when it was seized with one hand and withdrawn ; the patient was then allowed to resume recumbency, and a highly ornamented buckskin bandage was adapted to pelvis and abdomen ; this was drawn snugly by buckles and straps. The doctor says it looked as though it had been in use some time, and was a most perfect-fitting bandage. The patient made a good recovery, and the white man's "iron hooks" are established in reputation among the band.

If the Indian mother gives birth to twins, only one is allowed to live. In case of the birth being male and female, the latter is given to an old squaw, and nothing further is heard of the luckless papoose. In case of both being of the same sex, the feeblest is put out of the way.

Art from a Medical Stand-Point.—An amusing art-criticism in a recent number of the *Medical Press and Circular* contains the following judgment upon a gallery of ideal beauties contributed by famous artists to the London *Graphic:*

"We have stated that bodily as well as mental feebleness is somewhat characteristic of the *Graphic* gallery, and the statement is, we think, borne out by the prevailing wanness of complexion. Anæmia is noticeable in several faces, and emaciation in more than one. A certain sickliness accompanies the mental depression to which we have adverted. The pink on Sir Frederick Leighton's canvas is not that of health,—on the ear it creates a suspicion of eczema; and those are not the hues of robustness that glow on the cheeks of the maidens whom Messrs. Tissot, Dicksee and Hopkins have called into being. The really painful case of bodily degeneration, however, is found within Mr. Philip Morris's silvern frame. Here we have a white-veiled girl-bride, almost corpse-like, summoning up disagreeable pathological associations. A fragile, scrofulous creature, she turns on us a wistful gaze unillumined by any ray of hope, and seems to be taking her last farewell of all around her. Her bleared eyes, pinched nose, pallid complexion, and swollen lips indicate, it might be said, only too surely that tubercular disease has already set its seal upon her."

Medical Advertising.—Mr. Editor. I commenced the practice of medicine before you were born, and perhaps before Dr. Baker, whose communication I read with much interest in the last News, was conceived. When I left my *Alma Mater* the American Medical Association was not, and the Code of Ethics which it has laid down was consequently slumbering in the womb of the future, or more properly, perhaps, in the brains of Dr. N. S. Davis and the others from whose depths it was evolved. The advertising which Dr. Baker would favor and which you so roundly condemn was not, therefore, forbidden by any written law in those days, but the objections

to it among the respectable portion of the profession was not any the less pronounced. The Code of Ethics did not create the sentiment of the profession on this subject, it merely gave it expression.

I like your views in regard to medical advertising as I do those you express on most other subjects which you touch with your editorial pen, and the NEWS is the most welcome of my medical journals. With this much honestly said in your favor, you will perhaps be prepared to pardon the criticism implied in the following question: How is it that with your ringing denunciation of medical advertising you devote such a large share of your space to this very thing? Perhaps your doing so does not lay you open to the charge of inconsistency, but it does appear so to me.

C. W. V.

HOW TO ADMINISTER NAUSEOUS OILS.—Dr. Samuel Wolf, writes to the *Va. Med. Monthly*: Malt liquors, as Dr. Duffy, of Norfolk, Va., in the June No. of the *Monthly* claims, are undoubtedly good menstrua for the administration of oils. But as they are not always at hand when it is desirable to administer oils, I would commend a method which I have practiced for several years.

A tea-cup is dipped in cold water (ice-water is best) so as to have its entire internal surface and its edge well wetted. A small quantity of water, simply enough to float the oil, is left in the bottom of the cup, the oil carefully poured in the centre, and a little nutmeg grated on it. The water prevents the sticking of the oil to the cup, lips or mouth; the cold blunts the sense of taste, and the nutmeg masks the odor, which, to some delicate persons, is so offensive as to be one of the chief obstacles to its administration. The tea-cup is far preferable to a tumbler for the preparation of the dose. I might add, that I have taken this dose, as one of the few potions that I have swallowed in the last ten years, and therefore know whereof I speak.

HOW TO DISTINGUISH NATURAL AND ARTIFICAL BUTTER.—Dr. G. C. Wittstein, in an Austrian phamaceutical journal, explains how to distinguish cream butter from "ox butter" by means of the microscope. Place a small piece of the butter upon an object-glass spread it out by means of a cover-glass, and observe it under a power of three hundred to four hundred. If it is pure butter the whole field is filled with extremely fine globules, which are entirely destitute of any approach to crystalline form. If the butter is artificial, or a mixture of both, the field presents numerous angular or acicular particles between the globules. These crystalline particles are derived, no doubt, rom the stearine which forms part of the beef-tallow in artificial butter. Lard does not show any such crystalline particles.

About forty years ago Mr. John L. Stephens published two works on Central America and Southern Mexico. So eager was the public to obtain information in regard to numerous ruins of ancient cities which he described, that though each of the works comprised two expensive volumes, ten editions of the first work were sold within three months, and the success of the second was quite as remarkable. Other travelers, American and European, have visited the ruins and have written deeply interesting volumes in regard to their immense architectural monuments, their elaborate decorations, their singular, uninterpreted bas-reliefs and hieroglyphic tablets, but as yet no light has been thrown upon the origin of the people who built these cities. All the knowledge we can ever expect to obtain of the history of these people must be drawn from the ruins. Recently a well-equipped expedition has been despatched to Central America, charged with the work of systematically searching for everything that may tend to place within the domain of history the facts connected with a people whose career must have been one of the most interesting in the general development of the world's civilization. The founders of these cities were our predecessors on this continent; their peculiar civilization and their æsthetic development are of the highest interest as regards to the question of the origin of man himself; their history is, in fact, the first chapter of the general history of the American continent. Though we are not the lineal descendents of these builders of cities that must have rivaled even Babylon and Nineveh in some of their architectural features, the results of their culture have been left to our safe keeping, and from the results it is evidently our duty, as far as possible, to gather the materials for filling up the unwritten first chapter of our own history. A full account of the explorations of the party comprising the expedition is to be published from month to month in the *North American Review*, with illustrations of the most important objects discovered. The August number of the *Review* contains an article by the editor introductory to the series, entitled "Ruined Cities of Central America." Other articles in the same number of the *Review* are "The Law of Newspaper Libel," by John Proffatt; "The Census Laws," by Charles F. Johnson; "Nullity of the Emancipation Edict," by Richard H. Dana; "Principles of Taxation," by Professor Simon Newcomb; "Prince Bismarck as a Friend of America and as a Statesmen," by Moritz Busch; and "Recent Literature," by Charles T. Congdon.

In the course of the thirteenth century, the Emperor Frederick the II, grandson of Roger, issued an edict, in virtue of which no individual could practice medicine, in the kingdom of Naples, who had not been examined previously, and created a master, by the College of Salerno. To effect this, he must study logic three years, and pursue a course in medicine which must continue (including surgery, which made a part of medicine) five years, according to the interpretation of Sprengel, and two years according to that of Malgaigne. However this may be, to have been admitted to an examination at the end of terms, the student must furnish a certificate of his

legitimate birth, that he had attained his 20th year, or his 21st according to another version ; after which he was examined, publicly, on the therapeutics of Galen, the first book of Avicenna, and the aphorisms of Hippocrates. These proofs being satisfactorily fulfilled, he took an oath to be faithful to good conduct, to submit to the rules of the profession, to give gratuitous attention to the poor, and not to share in the profits of the apothecary. His diploma was afterwards to be confirmed or legalized by an officer of state ; still he could not enter fully into practice, but was obliged to continue a year longer under an experienced physician.

Have we advanced a great deal during the last 500 years ?

Having a baby in Spain appears to be more than the usually disagreeable affair, at least among royal people. There has been a row among the physicians of the Spanish Queen as to where the expected infanta is first to see his not-very-probable dominions. The Austrian wing of the medical council, which the Queen brought with her from home, very sensibly wishes his royal patient to continue at the country seat whither she had gone to escape the heat of the city till the interesting event transpires. The Spanish doctors, on the contrary, who form, unfortunately, a majority of the council, along with the Prime Minister of Spain—who, it appears, is an expert in such matters—has determined to move back to Madrid, as being the only place where a proper publicity can be given to a royal lying-in. The affair seems to have created quite a stir in state and obstetric circles abroad, and Don and Dr. Cæsar de Jackasse, one of the Spanish medical council has resigned his learned seat.—*Louisville Medical News.*

Oh ! it is not the physician who daily walks among the mysteries that underlie all our social life, who sees the human heart bare in the very crisis of fate, who wipes the sweat of mortal anguish from the brow, who witnesses the punishment of God's own messenger in the remorse of the convict, who shudders at the depths of despair in the maniac's cry, who struggles by the new-made mother at the very jaws of death, and hears the entreaty of soul even through the thickening terrors that enshrowd that feeble body, as she cries, " Save my child, whether I perish or no." It is not such a man, surely, who can believe that man is but a beast, and spirit but a dream.—Dr. E. Grissom, in *N. C. Med. Journal.*

A very erudite friend of ours says that it is well indeed that man is not so perfect—not so iron-clad, morally speaking, that his character is not at some point vulnerable. Such a man, he thinks, would ride rough-shod over the residue of mankind. We occasionally meet with a man—particularly in the medical world—who, in remembering the faults of others, forgets his own ; and thus, imagining himself hedged about with virtues, he sallies forth, intent upon the annihilation of some of his fellow mortals who are less perfect than himself. Happily, at this juncture, some one of his friends can call to mind a few derelictions on the part of the " iron-clad " individual, and he is brought to study professional conduct under altogether a different phase.—*Spectator.*

I am requested by Professor Hyacinthe Pacchiotti to have the correct date of the coming International Congress of Hygiene at Turin, announced in the American papers. The congress will open on September 6th, and close September 12th ; not in August as has been wrongly announced. The King, the Ministers, the Maire, the Prefect and all the officials will take part ; the Minister of Foreign Affairs invites all foreign governments to send delegates ; a reduction of thirty per cent. on the railway fares is also announced.

Very respectfully,

JOHN K. ALLEN.

Lansing, Mich., July 26, 1880.

The fallacy of a kind of argument often used by temperance and other reformers is well illustrated by this story told in a London medical journal : At one of the Urban Club festivals, George Cruikshank and Planché were present. The former holding up a glass of water in his demonstrative manner, said to the latter, " Look at this,—and look at me !" The latter in his usual quiet manner said to Cruikshank, "My dear sir, I take a glass of wine at luncheon, another at dinner, and after dinner I take a pint of wine, and sometimes at night my glass of grog. Pray look at me !" Both were octogenarians.

Ugolino's sons, in Dante's *Inferno*, were evidently not Tanners :

"Now when our fourth sad morning was renewed,
Gaddo fell at my feet outstretched and cold,
Crying : 'Wilt thou not father ! give me food ?'
There did he die ; and as thine eyes behold
Me now, so saw I three fall, one by one,
On the fifth day and the sixth ; whence in the hold,
I, now grown blind, over each lifeless son
Stretched forth mine arms. Three days I called
their names,
Then Fast achieved what Grief not yet had done."

Dr. L. V. Newton, of *The Druggists Circular*, died in New York of hypertrophy of the heart, on the 10th ult., æt. 71 years. Dr. Newton connected himself with his journal twenty-two years ago. Under his management the *Circular* achieved a national reputation, and grew to be a very profitable enterprize. He practically retired from its management a year ago, leaving the work in the hands of able successors.

The New York *Medical Eclectic* says of Dr. Palmer's " Homœopathy,—What is it ?": "This is a tract issued in the interest of the old school faculty, who are dying so hard in the Michigan University, caused by the proximity of a liberal school." We scarcely know which to admire most, the reviewer's grammar or his veracity.

The essence of wintergreen is recommended as an antiseptic. For lubricating instruments, and for

anointing the hands, one part mixed with 100 of vaseline makes an agreeable ointment. Wintergreen is a fruitful source of salicylic acid, and its odor is a great improvement on that of carbolic acid.

A man named Weakly died a few days since in Culpepper county, Virginia, æt. 105 years. It is supposed his death was hastened by the use of tobacco, to which he was addicted for a period commencing shortly after the conclusion of the revolutionary war.

The *Droguist Zeitung* says that by keeping several alcohol lamps continually burning in a room the apartment will be effectually disinfected. The idea is, to burn up the bacteria and other lower organisms which float about and spread disease. See ?

It is said that no one ever dies happy whose disease is below the diaphragm, or whose subscription account with his journal is unpaid.

Original Articles.

Consumption on the Salisbury Plan.

BY EHPRAIM CUTTER, M. D., BOSTON, MASS.

Sometime ago I gave the leading ideas of the Salisbury plan in this Journal. For the benefit of those who did not peruse that paper, the following concise statement is introduced. This will enable the student to take in the significance of the actual cases presented. Dr. Salisbury regards consumption to be a diseased condition or state that is at first systemic, then local, found in the blood one year generally, before the organic pulmonal disease. This is the pretubercular state. The Salisbury plan diagnosticates this state by the addition of a new physical sign. The prime element of the disease is defective alimentation, by which a vegetation is introduced into the blood through the alimentary canal. This vegetation is a yeast plant. Tubercle is an accident or secondary condition due to capillary embolism. This embolism is caused by the presence of the yeast vegetation, by the massive fibroid filaments and by the enlarged massal white corpuscles aggregating together. These abnormal form elements make up an essential part of the Salisbury morphology of consumptive blood.

There is then some thing tangible to the sense of sight in the causation of consumption. It has been photographed by the writer.

The treatment on the Salisbury plan consists in the removal of the yeast from the blood by starving out the yeast. This is done first by regulating the food and giving appropriate medicine. The studies on which this plan is based, extend over a period of 25 years and embrace thousands of cases. The evidence of this statement is as follows: In 1858 Dr. Salisbury had ready for the press, a work in which he describes his experiments with over 2,000 swine. They were fed in various ways, but 1026 were fed on food filled with yeast. In ten weeks time 246 swine died, 104 of them were examined after death and all were found to have in the lungs, the disease known as consumption. The writer has perused the records of these *post mortems*. At about the same time Dr. Salisbury made bread with flour raised with the yeast found in the dirrhœal dejections of a third stage consumptive. In 1878 I repeated this experiment and send a sample of the bread to the editor of this Journal. Per contra, Dr. Salisbury examined one hundred well swine that had been fed on good sound corn, and found hardly a trace of tubercle in their lungs. Again, Dr. Salisbury took healthy men —hired by the day—and fed them as he fed the thousand hogs. In every case consumption of the bowels was induced in from 10 to 15 days.

Can the candid and unprejudiced student in medicine ask for more? Here is presented a plan that embraces the cause or rather the synthesis of the disease in animals, verified by *post mortem* examination. The morphology of the blood is photographed. The reduction in size of the enlarged white blood corpuscles to a normal state, the dissipation of the spores and spore collests, and the restoration of the red discs towards a normal condition, have been photographed and are on record; indeed, the demonstration is made daily. To crown all, cases are cured and the profession is asked to examine them by Dr. Salisbury.

Can anything more be done to present the matter? Yes, there can. Dr. Salisbury, in connection with myself, offers to go to New York and treat twenty-five cases of consumption sent by intelligent physicians of good character, with a written diagnosis of the case so that there shall be no disagreement afterwards. The physicians to watch the cases through the treatment for three months. If possible arrangements should be made to take photographs of the blood from time to time as records of the progress of the cases, and at the expiration of a year the physicians shall be invited to meet in counsel and judge on the results by the histories. In this way it is thought that it can be decided best, if the experience of Dr. Salisbury and myself can be realised under other conditions where the profession can watch the progress for themselves, and where the treatment shall be fully and carefully carried out without let or hindrance. The fully text of the treatment may be found in the Sept. 1879 No. of the Virginia Medical Monthly, Richmond, Va., or the Scientific American, Supplement 198, price ten cents.

The full exposition has been ready for the press for some time and waits to be produced when asked for. Dr. Salisbury is in no haste but when the writer considers how far inferior are the present unsatisfactory modes of treating this disease and how much less they have to bring forward to their support, he thinks that one-fourth of a century is long enough to wait. As things now go, one-fourth of the very physicians who read this paper will, in all probability, die of consumption. to say nothing of their patients. So then, it seems to the writer that no time should be lost in the proper presentation and demonstration of this plan. At any rate after this I cannot be blamed for not having tried to make known

the new information as to the cause and cure of this disease. The following letter is submitted as evidence. It was writter in reply to a request for positive information.

"CLEVELAND, O. May 28th, 1880.

DEAR DR. CUTTER:—

The following are a few cases of consumption cured which were in the last or breaking down stage of the disease. They are selected at random from a long list, which were in the last stage of the disease when treatment began, and which may be called well, as they are better in most cases than ever before.

Case 1. Miss Lingerfield, now Mrs. Bedell, of Mt. Vernon, Ohio, came into my care in about 1868. She was in the last stage of consumption, having chills, diarrhœa and sweats daily. She was much reduced in flesh; lungs were breaking down interstitially. Put her on the rigid lean beef diet. She began at once to improve and gained rapidly. She consumed about three pounds of lean beef daily. She gained so fast that I gave my consent to her marriage to Mr. Bedell, in about eight months after the treatment began,—with the understanding that the treatment should not in the least, be interfered with. She is now well, and perfectly restored to health, having borne, I understand, several children.

Case 2. Mrs. Carrie Barkhuff, corner Sibley and Greenwood streets, Cleveland, Ohio, came into my care in 1866. She was in the last stage of consumption, having had several hemorrhages, and lungs had been for some time breaking down interstitially. Her physician had given her up to die, telling her husband that nothing more could be done, and that she was beyond all human aid. She was placed on the rigid lean meat diet. She was resolute, determined to get well, and followed directions, to the letter. She made blood and gained rapidly, so rapidly, that in one year's time, she was doing all her own house work. Her recovery was complete, she remains perfectly well to this date, and is as fresh, robust and hearty a lady as you will find in this city. She is still a great lean meat eater.

Case 3. Mr. E. L. Norton, 230 Pearl street, Cleveland, Ohio. He came into my care in 1876. He was in the last stage of consumption. Had not spoken a loud word for some months, was scarcely able to walk. Came to Cleveland to die where he had a sister living.

He concluded, after I held out some encouragement to him of getting well, to make a trial. He was placed on the rigid lean meat diet. He soon began to gain. The cough gradually lessened, the blood vessels began to fill out, the urine became clear, the appetite good, and in a few weeks the voice returned. Before a year was up he was able to go into business. He has been gradually gaining, and is now one of the strongest men in Cleveland, for one of his size. His muscles are all round and hard, and he has great endurance. From the date the treatment began to the present, he has averaged from two to four pounds of lean beef daily, and has eaten it with great relish.

Case 4. Rev. R. P. Redick, Wooster, Ohio, came under my care in Aug. 1879. Was in the last stage of consumption, cough severe, quite emaciated and very weak. Placed him on the rigid lean meat diet. He was resolute and determined to get well. He followed the directions to the letter and gained rapidly without a single set back, so that on the first of April 1880, he entered upon his duties and took charge of a church, and has been preaching since without the least discouragement. He is quite well, he has averaged about three pounds of lean beef daily since he began treatment.

Case 5. Miss Kanke, Wooster, Ohio, during 1868, came into my care. She was 15 years of age, and was in the last, or breaking down stage of consumption. Was very much emaciated and feeble. Had long before been given up to die. She was placed on the rigid lean meat diet. She was resolute, and followed all the directions to the letter, the improvement was rapid. In a year's time she she was quite restored, having become a strong healthy appearing girl. She has remained healthy and robust.

Case 5. Lieut. Chance, U. S. army, now stationed at New Orleans, came into my hands in the summer of 1877, in the last stage of consumption aggravated with chronic diarrhœa, and fatty disease of the heart. He was very much emaciated and scarcely able to walk. He was placed on the rigid lean meat diet. He was resolute and followed all my directions to the letter. He gained rapidly so that in a little over one year's time he was able to return to his regiment. He is now well and in better health than he has been for years.

Case 6. Mr. Boss, Newark, Ohio, came into my care in Feb. last, in the last stage of consumption. Had been given up to die for the last two years. Was suffering, and had been, for some time with chills, fevers and night sweats till he could scarcely stand without help. He was placed on the rigid lean meat diet. He has gained rapidly, without a single set back, is now free from cough and all the troublesome symptoms of the disease, and is gaining strength and weight rapidly. He has not felt so well for years. He has been a splendid patient to follow up the directions to the letter.

Case 7. A. S. Longenseker, Winesburg, Ohio, was just entering the last stage of consumption, when he came into my care in Aug. 1879. He was placed on the rigid lean meat diet, and has improved very satisfactorily, so that he is now quite robust and able to attend to business.

I can send you many hundred cased like the foregoing all of which can be referred to if desired.

Hoping that these cases here given may be of service to you,

I remain sincerely yours,

J. H. SALISBURY."

Remarks:—Objectors that the diagnosis is not clear enough are invited to furnish cases of their own, with which they are satisfied, or go to Cleveland and examine for themselves. The plan is so comprehensive and includes so many points that it is not expected it

would be understood at sight. It relates, 1. To drinks of hot water, tea, coffee, or beef tea for drinks. 2. To meats of boiled beef steak, chicken, game, lamb, mutton, fish and eggs. 3. Bread of flour, gluten flour, or graham flour, free from sugar and raised with yeast, boiled rice, cracked wheat or oat meal mush, but only in the proportion of one part by bulk to from four to six parts of the meat. 4. Butter, pepper, salt, Worcestershire or Halford sauce, mustard, horse radish, lemon juice and celery. No other food. 5. A system of bathing. 6. Do. of clothing. 7. Meals must be taken at regular intervals alone, or with like dietists. Extra meals allowed when desired. 8. Some good tonic before meals. 9. If diarrhœa, some astringent. 10. Pepsine, lacto-peptine or pancreatine after each meal. 11. Carbolic acid, one-half drachm to eight ounces of water, ol. menth. pip. gtt. 10. Take one teaspoonful in water after each meal if the stomach is sour. 12. To tone up the nervous system, pills of phosphorus 1-100 gr., strychnia 1-100 gr., ferrous sulphate 1 grain, two hours after breakfast and dinner. 13. Local tonic throat, spts. ammoniæ aromatica 8 ounces, salicinæ ½ drachm. One-half teaspoonful in a wine glass of water after each meal one hour. 14. Constipation removed by the mildest measures. 15. Belladonna plasters applied to the chest. 16. For hemorrhage, provide patient with atomized persulphate of iron, 1 drachm to one pint of water, for immediate inhalation. 17. Salzburg porous plasters, one on bowels and one between shoulders. 18. The use of the microscope in the examination of the blood, sputa, sweat and fæces, to tell the real condition of the patient so that there may be no deceptions practised.

Of course it is not expected that the patient will take all the medicines stated. This is to be left to the judgment of the physician. While, however it is possible in my experience to get good results without any medicine whatever, still such is the nature of the human race it is best in the long run to give some medicines. It requires a mind of more than ordinary mould to be willing to be treated without medicine. I have met with such and cured them.

Again. The Salisbury plan includes a belief of the germ theory of disease. Those of the profession who disbelieve. are daily becoming less in number and it may be stated that while there is much to be learned, there is so much evidence already accumulated, that to disbelieve it seems like flying into the face of facts of the natural history of disease. At any rate we would advise those who express any opinion, to do so after they have looked over the whole plan. It is, I know, easier to do as those did who were the first informed of the existence of the great trees in California—that is, to scout the idea entirely as preposterous. It is said that the discoverers still kept telling the truth about the trees, until, as one of them told the writer, "I got mad and said, "we have told them the truth and they won't believe us. Now let us tell some lies and see if they will *believe them.*" The first lie we told they believed, viz.: we had found an enormous she bear, with cubs, and invited them to go out the next Sunday and shoot them. They went. When we came in sight of the trees, I said, 'there is the she bear and these are the cubs.'"

Now we don't propose to "get mad," but if our stories are not believed we shall be surely tempted to "tell some lies," that the truth may be believed.

From what has been said it will be seen that food is, as Dr. Salisbury says, "an agent of tremendous power," for good and evil. We hope the time will soon come when our dietary will not be made out by the æsthetics of sense alone, but also by the evidence from the chemical, botanical, kinetic, physiological, therapeutical and pathological points of view, as well. The subject is too important to be left to the French cook, the hosteler, or to whim. It belongs to such medical men as Dr. Salisbury, to lay down the rules of eating, as his labors are propably the most comprehensive and practical of dietists.

July 1880, 5 Somerset St.

A Case of Marked Intoxication with Delirium from the use of Duboisia in Ophthalmic Practice.

BY C. J. LUNDY, M. D.

Professor of diseases of the Eye, Ear and Throat in the Michigan College of Medicine, and Surgeon in charge of the Michigan free Eye and Ear Infirmary, Detroit.

Mrs. M. G. æt. 36, of feeble constitution and poor general health had been under my care for abscess of the cornea. On account of the irritation of the iris during the corneal trouble, and in part, no doubt, from the use of eserine, an iritis was set up and the iris became adherent to the lens capsule (posterior synechia). I attempted to break up the adhesion by the use of atropia and duboisia. Atropia was first employed with only partial success, and thinking the duboisia might prove more efficient it was given a trial. Accordingly on July 27th—the first time the patient was able to visit my office—a solution of the sulphate of duboisia (gr. ij. ad ℥ j.) was instilled into the eye three different times. Five drops in all were used in the space of twenty minutes. Within fifteen minutes after the last installation, consisting of two drops, the patient complained of dizziness and of dryness of the mouth and throat. On attempting to walk across the office she staggered like one intoxicated. I urged her to remain seated, thinking the symptoms would soon subside, as the quantity of the duboisia used was small. However, the effects of the drug became more marked and she soon became quite delirious. I assisted her to a lounge in my private consulting office, but every few minutes she would get up and go staggering and reeling about the room, giving orders to her servants, and talking to her husband and others whom she supposed to be present. Her little daughter, who accompanied her asked her to whom she was talking, and, she replied "to your father my child." At one time she attempted to sit upon a chair, which was present only in her imagination, and she fell heavily

to the floor. She made many attempts to change the position of things about the room, and constantly mistook one thing for another. Memory was much impaired. The delirium was not of a violent character, but she talked and moved about constantly. There was a strong desire to pass the urine although it was not voided involuntarily. The face and head were flushed, the pulse was 80 per minute, and respirations varied from 18 to 20. The temperature was not taken. Nearly three hours after the drops were first used, I sent her home in a carriage as she was still delirious and intoxicated. She informed me that about one hour after reaching home the delirium ceased and power of coördination returned. Excepting the absence of that thickness of speech, which is so characteristic of alcoholic intoxication, the patient's condition strongly resembled the latter.

The quantity of the drug used did not exceed 1-50 of a grain of the sulphate, and of that only a small portion could have been absorbed. Considering the small quantity of the drug which could have entered the system the effect was rather remarkable. This may have been due in part to her feeble, debilitated condition, and also, in part, to some idiosyncrasy on the part of the patient. I have used duboisia both therapeutically and experimentally, in a large number of cases, but this is the first instance in which I have observed any well marked delirium from its local application.

52 Lafayette Ave.

Tinea Tonsurans, Tinea Circinata and Scald Head, Treated with Fluid Extract Juglans Cinerea.

BY WM. W. S. WATSON, M. D., NEW HOLLAND, ILL.

Tinea tonsurans occurs most frequently on the scalp, but occasionally on other parts of the body. Its first appearance is in the form of minute pustules, scarcely rising above the surface with some redness, and some yellowish pus in the eruption soon after its appearance. This pus forms on the scalp into a crust, and these crusts so multiply as to form a continuous incrustation, having a yellowish or fawn color. If permitted to remain undisturbed these crusts will continue to adhere for months, possibly years, but in time they undergo a kind of a disintegration, exchanging their yellow for a more whitish color, and become brittle. The hair upon the diseased surface in this stage is generaliy killed, and falls out and may not reappear. In this state the parts are extremely fetid, and pruritus is so severe that the patient is unable to refrain from scratching the parts, sometimes violently, and thus tearing off the crusts and causing bleeding and excoriated spots, and increasing both the inflammation and the fetid discharge. Tinea tonsurans is very common in the young, and rare in the adult. Sometimes it is endemic in schools, spreading from child to child. It and tinea circinata are often observed in the same subject, in fact are essentially the same only that one occurs on the hairy and the other on the non-hairy parts. Both are amenable to the same treatment.

Treatment. If located upon the scalp the hair must be cut off close to the scalp, and if the parasite, which is the cause, has not been long there, and has not, as a result, become deeply imbedded, the disease can soon be corrected. The treatment which I have relied upon for all cases that have come under my observation, has been the application, thoroughly to the affected parts, of fluid extract of juglans cinerea, full strength in the adult. In the child .

℞ Juglan. cin. fl. ext..... ʒ ij
Glycerinæ..... ʒ j

Apply twice a day rubbing in well, and continue the application until the crusts come off and the surface looks healthy. The crusts should not be removed forcibly, and no attempt at combing should be made, as the comb sets up an additional irritation, and should not be used until the scalp is healthy.

Tinea circinata is characterized by circular patches upon different parts of the body. Its appearance is readily recognized by all. In so far as I have known of its being tried, juglans cinerea is a cure. It should be applied very thoroughly and often.

Why this article is so effective in this affection I am unable to say, unless it possess some anti-parasiticidal properties heretofore unknown. I am firm in the belief that it has few equals in these affections, and it deserves a trial by the profession.

A Curious Case of Recto-Vaginal Fistula.

BY THEO. A. MC GRAW, M. D., PROF. OF SURGERY IN DETROIT MEDICAL COLLEGE.

The case I am about to relate is curious on account of its history. Dr. Catlin, of Tecumseh, called me to operate upon a lady who had acquired a recto-vaginal fistula as the result of an operation for some form of dyspareunia. She had married, after the change of life, at the age of 48, a vigorous gentleman of 60. After vainly endeavoring for two years to consummate the marriage, he called in a practitioner, who, in turn, sent to a neighboring city for a surgeon. Her disease was pronounced to be vaginismus, and an operation was undertaken for its relief. Whatever the operation may have been, it resulted in a large fistulous opening between the vagina and rectum just above the internal sphincter. The operation made coition possible, though the resulting fistula kept the parts sore and irritated. Last May, five years after this operation and seven years after her marriage, I was called to see her. I found on examination an opening half an inch long and an eighth of an inch wide, just above the internal sphincter. There were scars on both sides of the perineum extending back to the right and left of the anus. The surgeon in operating had evidently cut the perineum through directly back to the verge of the anus, and had then carried the knife on each side of the gut, cutting a large hole into its anterior wall. The lateral cuts had healed, but the perineum was so deficient that I had not the slightest trouble in getting at and operating upon the

fistula. Altogether, it must have been the most formidable operation ever performed for the relief of difficult coition. I pared the edges of the fistula and brought it together with silver wire. The wounds healed by first intention.

Selections.

SALISBURY TREATMENT IN CONSUMPTION.—I. DRINKS—Drink half a pint of hot water one hour before each meal and on retiring, for the purpose of washing out the slimy, yeasty, and bilious stomach before eating and sleeping. Drink a cup of clear tea, coffee, or beef tea (the latter free from fat) at each meal. During the interval, between two hours after and one hour before each meal, drink hot water or beef tea, if thirsty.

II. FOOD—*Meats*—Eat broiled beef-steak, which has been entirely freed from fat and bone. Have it seasoned to taste with salt, pepper and butter. For variety, used broiled chicken, broiled game, oysters, roasted in shell or broiled, broiled lamb or mutton (lean), broiled cod-fish (fresh and salt), broiled and baked fish free from fat, and broiled dried beef, chipped thin and sprinkled over beefsteak. A soft boiled egg may be taken occasionally at breakfast with the meat, if it does not heighten the color of the urine.

Bread.—Bread, toast, boiled rice, cracked wheat, or oat meal mush may be eaten in the proportion of one part (by bulk) to from *four to six parts* of the meat. The bread should be free from sugar and raised with yeast. It may be made from gluten flour, white flour, or Graham flour; corn meal should be avoided.

All things not previously enumerated, and the following articles of food should not be eaten, viz.: Beans, soups, sweets, pies, cakes, pickles, sauce, preserves, fruits, vegetables, greens, pancakes, frittere, crullers, griddle cakes, and mush. Vinegar should also be avoided. Use, butter, pepper and salt for seasoning; also use either Worcestershire or Halford sauce, mustard and horse radish, with lemon juice on meats if desired. Celery may be moderately used as a relish.

III. BATHS.—Take a soap and hot water bath twice a week for cleanliness, after which oil the entire body, rubbing in well. Every night sponge the body and limbs with one quart of hot water, in which put from two to four tablespoonfuls of aqua ammonia; after which rub well and wipe dry. Every morning, sponge off with a little hot water, wiping dry and rubbing thoroughly.

IV. CLOTHING.—Wear flannel next the skin, and dress comfortably warm. Change all clothing worn during the day, on retiring, so that it may be thoroughly aired for the following morning. Keep the clothing sweet and clean, by changing every other day.

V. EXERCISE.—Ride daily in the open air as much as possible, without fatigue. If not able to ride, the body and limbs should be rubbed and pounded all over for ten minutes morning, noon and night, by some one who has sufficient strength to do it thoroughly.

VI. MEALS.—Meals should be taken at regular intervals, and it is better not to sit down at a table where others are indulging in all kinds of food. Eat alone, or with those only who are on the same kind of diet. After the system gets in good running order, which is indicated by the urine flowing at the rate of three pints in twenty-four hours, and standing constantly at 1.020 density, the appetite becomes good, and usually more than three meals a day are desired. This desire for food should be gratified by allowing the patient a nice piece of broiled steak, with a cup of clear tea, coffee, hot water, or beef tea midway between breakfast and dinner, and dinner and supper.

VII. TREATMENT—Before each meal, the patient should take a dose of some good tonic. If there is a softened state of the tissues of the lungs, endangering hæmorrhage, something like the following would be a good tonic:

℞. Fluid extract pyrus malus rad..... ℥ iij
" " witch hazel..... ℥ iiss.
" " cinchona comp..... ℥ iiss.
" " ginger..... ℥ ss.
" " yerba santa..... ℥ iij.
" " grind. robusta. comp. ℥ iiss.
" " sundew ..... ℥ j.
" " water fennel seed.... ℥ j.
" " orange peel ..... ℥ ss.

Ol. menth. pip. gtt. xx; ol. wintergreen, gtt. xij

M. S.: Take a teaspoonful in water before each meal. If the disease is complicated with chronic diarrhœa or consumption of the bowels, something like the following would be appropriate:

℞. Fluid extract cranebill.... ..... ℥ iiss.
" " ginger..... ℥ ss.
" " witch hazel ..... ℥ iiss.
" " pyrus malus rad..... ℥ iij.
" " ampelosis..... ℥ j.
" " yerba santa..... ℥ iiss.
" " orange peel.... ℥ ss.
" " winter green..... ℥ ij.
" " cinchona comp ..... ℥ ij.

Ol. menth. pip., gtt. xv.

M. S.: Take a teaspoonful in water before each meal.

Immediately after each meal, should be given either eight grains of pepsin, eight grains of lactopeptine, or eight grains of pansaline. This latter remedy is composed as follows:

℞. Boudault's pepsin..... ... ℥ j.
Pancreatine ... . ℥ iij.
Phloridzine..... ℥ iij.
Lactic acid..... ℥ ij.

To sweeten the stomach and bowels and also aid in checking diarrhœa if there is any, give:

℞. Carbolic acid (pure white crystals).... ℥ ss.
Aqua,..... ℥ viij.
Ol. menth. pip.....gtt. x.

M. S.: Take teaspoonful in a little water fifteen

minutes after each meal.

To assist in making blood or to tone up the enervated nervous system, the following is a very good pill:

℞. Phosphorus.....(1-100 gr.)
Strychine.....(1-100 gr.)
Iron sulph.....1 gr.

S.: Take a pill two hours after breakfast or dinner.

To invigorate and to improve the condition of the mucous membranes throughout the digestive tract, and to so tone up throat and fauces as to prevent taking cold at every slight exposure, take the following:

℞. Spts. ammonia, aromatic..... ℥ viij.
Salicin..... ℥ ss.

M. S.: (Shake well before taking)—Dose:—Take from one-half to one teaspoonful in a wine glass of water one hour after each meal.

If there is constipation of the bowels, use the mildest means to stimulate their muscles and glands, so that they will move once every day about breakfast time if possible.

The following external applications will be found useful.

℞. Emplastrum belladonnæ
(Spread with the alcoholic extract.)

S.: Apply to chest.

If there is danger of hemorrhage, provide the patient with an atomizer and a weak solution of persulphate of iron (1 drachm to 8 ounces of water) and instruct him to have the apparatus in readiness, so that as soon as there are indications of bleeding, to inhale at once the spray of this mixture. It will check the bleeding in a few minutes.

R. Salzburg porous plasters.....two.

S.: Apply one over bowels and one between the shoulders. If the directions here given are faithfully followed out and persisted in, consumption *in all its stages* becomes a curable disease.

All anodynes, that get the stomach out of order, are to be rigidly avoided. The cure is accomplished by getting the system in splendid condition, when the urine becomes clear and flows at the rate of three pints daily—standing at 1.020 density; the appetite becomes enormous, so that from two to four pounds of nice lean beef are eaten daily with a relish.

The chills, fevers and sweats, grow lighter and lighter, and finally cease entirely; the blood-making process goes on rapidly; the blood vessels fill out; repair of tissues begins and goes steadily on; the eyes brighten; the cough gradually grows less and less, interstitial death, decay and disintegration of lung tissue cease; the glow of health pervades the entire organism, and step by step the patient (if he perseveres) advances safely and surely toward health, which to reach only requires patience and the rigid observances of the rules here laid down. To accomplish this, the diet and treatment are to be closely and conscientiously carried out in all their details, with the soul and body of the patient enlisted in the good cause. Of course it takes time; for nature, after all does the work, and consequently all the changes must be physiological, and only as rapid as the human machine—when well run—can organize and repair. The physician must know precisely what to do, and do it. He must watch his patient daily, examining excretion, secretions and blood carefully and see that every part of the programme is faithfully and honestly carried out.

Any deviation from the right course can be detected at once, by an increase in fermentation, consequent biliousness, heightened color of urine and aggravation of cough, and all the other pathological symptoms. Patients cannot deceive the skilled physician in this field of positive work. If the directions are all rigidly followed the machine will soon get to running nicely and continue to do so, till thrown off the track by departures. These departshould be detected and corrected at once, or the patient begins to lose ground. No one need hope to handle consumption successfully simply by change of climate and medicine. It is a disease arising from continued unhealthy alimentation. and must be cured by removing the cause. This cause is fermenting food and the products of this fermentation. Carbolic acid gas, alcoholic and vinegar yeast and vinegar, are the important factors in developing the peculiar pathological symptoms, conditions and states in this dangerous and generally believed incurable complaint.

Consumption of the bowels can be produced at any time, in the human subject, in from 15 to 30 days, and consumption of the lungs inside of three months by special exclusive and continued feeding upon the diet that produces them.

The foregoing are a few pages from the work on *Consumption* which I have had for some time ready for publication. I have been treating this disease successfully for the past twenty years, and have had under my care during that time over one thousand cases. I have simply to say that the disease is so thoroughly worked up in all its details that I am able to produce it at will and as surely cure it. This any one can be satisfied of, by coming and watching the patients under treatment.—*James H. Salisbury, Cleveland, O., in Virginia Med. Monthly.*

The Silk of the Cornstalk in the Treatment of Affections of the Bladder.—By Dr. Dassum. —(*L' Union Médicale*, April 6, 1880.)

Since the first artice published in this journal (*L' Union Médicale*) numerous observations have been published, which clearly show the value of this article in some of the affections of the bladder. We extract the following from the published reports :

Report of Dr. Dezotteux.—Retention of urine by a man of 70 years. The catheter was used the first evening and the following : the syrup of the stigma of maze, given in tablespoonful doses every four hours, and the next morning the urine passed normally. The syrup was continued for some days, and cure was complete.

Ibid. Cystitis, dysuria. Urine ammoniacal in a man 58 years. Three doses of the syrup produced a marked improvement, and eight days affected complete relief.

Report of Dr. Lamy. Retention of urine dating ten years in a man of 78, who was accustomed to catheterise himself. One evening after a full supper, he could not pass the sound, and finding himself bleeding considerably, Dr. Lamy was called, who succeeded, after great difficulty in withdrawing the urine. For fifteen days the urine was withdrawn by means of the catheter. It had a strong ammoniacal odor, and exhibited morbid deposits. The bladder was washed with carbolized solutions every day. Alkaline drinks were administed and inunctions of belladonna and gelsemium practiced, but all without result. The infusion * of the cornstalk was then administered. From the second day the urine was passed normally and the infusion having been continued for a few days, the retion of ten years disappeared.

Ibid. Retention of urine for twenty years, in a man of 83 who had used the catheter daily. In using the catheter, violent tenesmus occurred and blood followed. Dr. L. administered the infusion of stigma of maze, and after the third dose the tenesmus ceased. During the night the urine was passed, quite colored with blood. The next day the blood had disappeared, and permanent relief followed.

Report of Dr. André. A man, 42 years, has suffered ten years from chronic cystitis, a sequel of gleet. During this time he has complained of pains in the lower part of the abdomen, and burning sensation when passing water, and a bearing down sensation of the rectum and perineum. The urine deposited mucus and uric acid. During the last three years there has existed a constant and imperative desire to urinate. The urine soon became ammoniacal, and finally it passed involuntarily. The classic treatment employed during the ten years was without result. The syrup in question was administered ; no other medication. Eight days after, he went to the doctor's office completely relieved.

Dr. Dassum adds that the best mode of administering it, is in the form of syrup made from the extract ; three tablespoonsful during the day in weter. The syrup represents twenty-seven grammes of the extract to the liter.

The value of the silk seems to differ according to the way in which it has been collected or dried.

Note.—The French journals have published a good deal of late about the value of the corn silk, but no definite investigation seems to have been made of the active principle.—*Chicago Medical Journal and Examiner.*

Experimental Study on the Treatment of Hepatic Colic.—M. Laborde. (*Revue Méd.*, February 7, 1880, pp. 184.) The following is the author's *résumé* of the results obtained by his physiological experiments concerning hepatic colic :

1. The excretory bile canals are endowed with contractile power, and may consequently enter into a spasmodic state under the influence of direct or indirect stimulation ; this contractility is of the nature of that of the smooth, muscular fibres of organic life, and the existence of these fibres in the walls of the canals is demonstrated by histological anatomy, perfectly in accord here with experimental physiology.

2. The mucous membrane of these canals is exceedingly sensitive, and shown under the action of excitants more or less intense by pain and by reflex phenomena, of which the immediate manifestation is spasm of the canals.

3. These phenomena are particularly determined by the presence and contact of foreign bodies (biliary calculi), whose spontaneous migration is thus rendered very difficult and is only accomplished after a greater or less length of time, with the peculiarity that these bodies are carried toward and into the gall-bladder.

4. Anæsthetic and anti-spasmodic medicines are the most appropriate in the treatment of this morbid state, of which it is easy to realize experimentally the mechanical conditions.

5. These medicines, notably morphine, chloroform and hydrate of chloral, act by exercising at once an anæsthetic and paralyzing influence, from which results the cessation of the spasmodic state, the distension of the canals and the accumulation of bile, which acts upon the foreign body as a *vis-a-tergo* and pushes it toward the intestine.

6. The combination of chlorhydrate of morphia with chloroform or with hydrate of chloral, that is, the simultaneous administration of these medicines, is the most powerful means of obtaining the desired results, namely : insensibility of the biliary canals, prevention of pain and the favorable influence upon the migration and rapid extrusion of the foreign bodies.—

Resection of Ribs in Chronic Empyema.—Although, says Dr. J. A. Estlander ("Nordiskt Medecinskt Arkiv," Bd. xi, No. 25), antiseptic surgery has rendered great service in the treatment of empyema, there are many cases in which the suppuration is prolonged indefinitely in spite of antiseptic lotions, and finally causes the death of patient by amyloid degeneration of the kidneys. In these fatal cases there are no adhesions between the lung and the thoracic wall, so that the former may collapse completely, and thus cause a cavity in the pleura which can not possibly be filled up, because the ribs can not retract sufficiently. In fact, in ordinary cases, the retraction of the thickened pleura, which is thrown into folds by the tension of of the muscles of the thoracic walls, diminishes the suppurating cavity little by little until it finally disappears. The ribs ought to follow this movement, and the consecutive deformities prove that this has

* Fifteen grammes in 500 c. c. of water during the day.

taken place; but, if the cavity is too great, neither the retraction of the pleura nor that of the bony wall will suffice to approximate the thoracic walls to the lung, which is compressed against the vertebral column at the bottom of the cavity. For such cases Estlander proposes the resection of several ribs, from three to six, and perhaps even more. But the disease must be chronic and the pleura very much thickened, so as to admit of its retracting energetically, since the resistance of the ribs has been diminished by the operation. The point to be chosen in the of part the chest immediately beneath the axilla, as there are no large muscles here; if there is a fistula here, it may serve as a basis of operation; if not, a counter-puncture must be made. Ordinarily, Estlander makes transverse incisions corresponding to the intercostal spaces; a single incision sometimes suffices to expose two and even three ribs, and complete the operation. The resections are of course subperiosteal; and all the steps of the operation and subsequent dressing are to be carried out by antiseptic methods. He has removed pieces from three to six cm. long. A bad general condition of the patient is no contraindication against the operation. He gives the histories of six cases, five of which ended in complete recovery.—*N. Y. Med. Jour.*

Crude Petroleum in Asthma.—M. M. Griffith, M. D., in the *Medical Record:* It is a well-known fact that many of our most valuable medicines have been borrowed or developed from general impressions or the prevailing prejudice of the common people in some district or country. Jenner deduced an important scientific truth from the vague notions and common prejudice of the dairymen of Gloucestershire. In like manner has it been with many of the important remedies of the now extensive materia medica, which have often been in use by the common people before being investigated by the profession.

Pursuing this line of observation, we find the veterinary surgeons, farmers, and horse-jockeys now prescribing the ordinary crude petroleum as a remedy for broken wind and heaves in horses, and with astonishing success, improving the general condition of the animal, giving him a fine appearance, and removing the difficulty of breathing as if by magic; a cure which they are willing to swear is permanent, which assertion I accept with several grains of allowance. Heaves and broken wind I have always looked upon as due to emphysema, and consequently treatment must necessarily be only palliative. Crude petroleum is a stimulating antispasmodic expectorant and diaphoretic of no mean power. It seems to act by stimulating the secretions generally, especially those of the skin, and improving the digestive functions. The dose for the horse is one teaspoonful, in meal, placed well back upon the tongue two or three times a day, continued until relief is afforded.

Formulary.

HAY ASTHMA.

Dr. R. H. Weber, of Philadelphia, speaks very highly of the following as a remedy in this affection:

℞ Ext. hyoscyami,.....grs. xij
Potassii iodidi..... ʒ j
Potassii bicarbonatis..... ʒ ij
Ext. glycyrrh. depur..... .. ʒ jv
Aquæ anisi..... ..... ℥ jvss
M.

Sig. A teaspoonful every four hours, day and night, until relieved. The medicine is to be continued for a week, in doses of a teaspoonful four times a day.

TREATMENT OF OZŒNA.

Mr. Thornton, a British surgeon, gives as the result of his large experience, a formula of a spray which has been very satisfactory:

℞ Sodii bicarbonatis.....
Sodii biboratis ää..... ʒ ij
Liq. sodæ chlorinatæ.. .....℥ ss to ʒ ij
Glycerinæ,..... ..... ℥ j
Aquæ q. s. ad..... ℥ viij
M.

Applied to the nasal cavities by means a hand atomizer.

DISINFECTANT FOR THE MOUTH.

℞ Potas. permanganatis .....
Barii binoxid. ää.....grs. xxjv

To be rubbed into a mass with sugar and glycerine and divided into 144 lozenges. It is said that the use of these will remove all disagreeable odor from the breath.

IN DYSPEPSIA OF PHTHISIS.

Dr. Lebert prescribes the following effervescing powder for dyspepia of phthisis:

℞ Lactate of iron..... ʒ j
Bicarbonate of soda..... ..... ʒ iij
Tartaric acid..... ʒ ℈
Sugar..... .. .... ʒ j
M.

Put in a tight bottle, and give a teaspoonful in sweetened water twice a day.

FOR ACUTE CORYZA.

The following is recommended to be used as a snuff:

℞ Subnitrate of bismuth..... ℥ ss
Powdered benzoin..... ʒ ij
Tannin ..... ↄ ijss
Chlorhydrate of morphine,.....grs. jss
M.

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

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Editorial.

The Legal Responsibility of Physicians.

There are probably few of our readers, especially such as practice surgery, who have not at some time either been threatened with a suit for malpractice, or have actually been called upon to defend themselves in a court of law against such a charge. It has indeed come to be one of the tricks of the blackmailer to threaten legal proceedings in cases in which the result of accidents, under treatment, has not been a restoration of the injured part to its previous condition. In every city, and probably also town and hamlet, there is to be found some pettifogging lawyer who is only too eager to encourage such suits, and we are personally cognizant of instances in which physicians, in whose practice untoward results have occurred, have suffered themselves to be blackmailed rather than to submit to the expense and the exposure of a law suit. Instances in which the bill for services rendered is not pressed for fear of a counteraction for damages are, no doubt, painfully familiar to most surgeons.

In view therefore, of the risk which practitioners run in these matters it behooves them to be continually on their guard. We know of an instance in which a surgeon demanded of a lawyer, whose son had met with a fracture of the forearm, a written guarantee that he should not be held responsible for any deformity or untoward result following his treatment of the case. Some surgeons hold no property in their own name, as a protection against prosecution for damages.

A writer, Everett W. Pattison, in the St. Louis *Courier of Medicine*, lays down certain principles of law which surgeons may read with much benefit. He points out that a contract always exists between the physician and his patient, and that, too, without any expressed or written understanding. The law itself makes a contract, an implied contract, between the parties. Succinctly stated the physician or surgeon undertakes :

1. That he possesses that reasonable degree of learning and skill which is ordinarily possessed by the members of his profession, and which is ordinarily regarded by the community and by those conversant with the profession as necessary and sufficient to qualify him to engage therein.

2. That he will use reasonable and ordinary care and diligence in the exertion of his skill and the application of his knowledge to accomplish the purposes for which he is employed.

3. That he will use his best judgment in the exertion of his skill, in the application of his knowledge, and in the exercise of his care.

The skill required is not the highest degree which the most learned might acquire ; nor, according to a decision in an earlier case, is it requisite that the care and skill should be proportionate to the character of the injury treated, and the physician is not to be held liable if he does not treat a severe injury with such skill as its severity reasonably demands. On the other hand he cannot escape by showing that he is not grossly incompetent, and that he has not been guilty of gross negligence. The skill required is average skill. The care and diligence to be exercised are such as an ordinarily prudent man would exercise in such matters.

It is not easy to define accurately the standard of skill. The Supreme Court of Vermont uses this language :

"The ordinary expression is ordinary skill. That means such skill as doctors in the same general neighborhood, in the same general lines of practice ordinarily have and exercise in like cases. If a doctor does in a case what the average class of doctors are accustomed to do and would do in such a case, then he exercises what is meant by ordinary skill in a given case. If he exercises such skill then he is not liable for lack of skill, because the law only requires of him that he should exercise ordinary skill, such as the average of doctors like himself are accustomed to exercise in like cases. If he exercises such skill, then he is not liable for lack of skill, even if injury occurs that might have been prevented if the doctor had possessed and exercised greater skill. A doctor is not bound to be more skillful or more learned or more competent than the average class of doctors, unless he holds himself out as having extraordinary skill."

The Supreme Court of Iowa holds that the true measure of skill and diligence is "that ordinarily exercised in the profession by the members thereof as a body ; that is, the average of the reasonable skill and diligence ordinarily exercised by the profession as a whole. Not that exercised by the thoroughly educated, nor yet that exercised by the moderately educated, nor merely of the well educated, but the average of the thorough, the well and the moderate—all, in education, skill, diligence, etc."

Nevertheless, the determination of the extent of any particular physician's responsibility is necessarily affected by a consideration of his opportunities for improvement, and for a practical and experimental use of his requirements. The average skill must necessarily vary in different parts of the country and even of the same state. The same degree of skill would not be looked for in country towns, and sparsely settled districts, as in populous cities. In the former, the surgeon, however well informed in theory, is seldom called upon to perform difficult operations in surgery, and lacks the opportunity for

daily observation and practice wich large cities afford. The degree of skill required of a practitioner in such a locality is the average degree of skill possessed and exercised by the profession in such localities generally. It is not sufficient that his skill be equal to that ordinarily exercised in his profession in the particular locality in which he practices. For there may be none in that particular locality possessing the requisite skill.

The Supreme Court of Massachusetts in a late case held that, in determining whether a proper degree of skill was shown, regard should be had to the improvements in, and the advanced state of, the profession at the time. And this is evidently the correct view, though it is disapproved by the Supreme Court of Iowa in a case decided in 1872. This latter case was, however, decided by a divided court, Chief Justice Beck in a strong dissenting opinion taking the same view as that held by the Massachusetts court.

The third element which enters into this implied contract, is the use of the judgment. This does not mean an absolute freedom from errors of judgment, There may be responsibility, even where there is no neglect, if the error of judgment be so gross as to be inconsistent with the use of that degree of skill that it is the duty of every physician and surgeon to bring to the treatment of a case, according to the standard above indicated. But he should be charged with the consequences of mere errors, only when such errors could not have arisen, except from want of reasonable skill, or from neglect. It is not sufficient, therefore, to show that the physician has not treated his patient in that mode, nor used those measures, which, in the opinion of others, even of medical men, the case required. Nor is the failure of a course of treatment evidence of an error in judgment, any more than of want of skill or care.

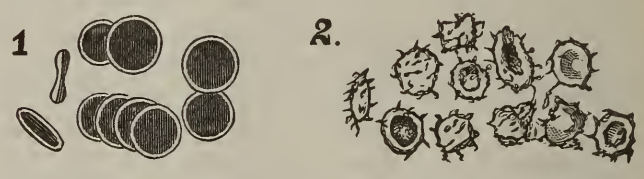
It seems that the surgeon may, as tending to show that he possesses the requisite skill, introduce evidence that he has received a good medical and surgical education, that he has attended a course of instruction in surgery at a medical school of high reputation, and has otherwise received good, scientific tuition in surgery. Manifestly such evidence is not conclusive. For, after all, the question is not what he is able to do, or what his education should have prepared him to do ; but what did he do ; what skill did he display in the particular instance. Still, as a man will generally use such skill as he possesses, the fact that he has acquired skill in his profession affords a presumption, in the absence of rebutting proof, that he exercised proper skill in the particular case.

It has been already stated that one of the obligations devolving upon the patient is to comply strictly with the physician's directions. And if a cure is not effected, or injury results, the practitioner will escape liability if it appear that a lack of attention by the patient to such directions, substantially interfered with the treatment, or substantially contributed to the injury. It may also be shown that neglect or carelessness of any character on the part of the patient substantially contributed to the adverse result. But the burden is on the practitioner to show such acts, and that they substantially contributed to the injury.

The practitioner may feel that but an uncertain standard is presented for his guidance. He would fain have something more reliable ; a sure indication when he is within the rule, and secure from vexatious and losing litigation. But, unsatisfactory as it may be, no other standard is offered. It is the same as that by which the lawyer and the follower of every other profession is to be tried. The difficulty is not in the rule. It is in the application of it. Nor world it be easy to suggest a better. So long as men are fallible, so long may the question whether a professional man has in any given case come up to the standard, be decided differently by different juries. And the physician is not the only litigant who has occasion to lament the incomprehensible conclusions of the twelve. No path of absolute safety can be pointed out. Yet to him who keeps abreast with the spirit of progress, who carefully avails himself of the best methods, and adopts all well-tested improvements, while absolute immunity from law-suits cannot be promised him, there is little danger of any disastrous consequences.

The Effect of Starvation on the Blood.

The only practical lession which promises thus far to be deducible from Dr. Tanner's fast lies in the changes which were noticed to occur in the blood of the faster. An examination was made by Dr. P. H. Vander Weyde, the result of which is given in the *Scientific American*. The corpuscles were very much shrunken, and reduced in size to an average diameter 1-5000th of an inch. They were also changed from their normal smoothness of outline to the ragged contour observed in the accompanying cut:



This ragged appearance was so common in all of them that there was scarcely a smooth corpuscle among them, except the white ones, which had nearly their normal size and were smooth.

A further study of these abnormal red corpuscles showed that their rough appearance was generally caused by points projecting from their surface, and looking like a fungoid growth which covered them, while in many this growth appeared to be taking place at the expense of the corpuscle itself and living on its substance, as the corpuscles most densely covered were the smallest and the most irregular in shape, in fact some of them appeared disintegrating and breaking up.

"It is a common law observed in organic substances that when a breaking up of the structure is

impending, foreign living organisms spring up, and are sustained at the expense of the deeaying organie body. Mould, and all kinds of fungoid growth, originate aceording to this law, while in infusorial life it reaches its highest development. In the latter ease it appears intended to eneonomize the organie materials of the structure, and in place of allowing them to deeompose into their primary elements, and to be built up again by the slow and laborious proeess of vegetation under the influenee of light, these organie materials are directly transformed into food for the larger inhabitants of water, and finally for fishes. In this way a long laborious eourse of natural sueeessive operations is cut short and the decaying organic material made useful more directly.

If the formation of fungoid spores, whieh is of a vegetable nature, also serves a useful purpose (whieh is probable,) is as yet a question to be determined by further investigation; but certain it is that such a growth is not confined to large masses, but even found on the surfaee of sueh small objects as the eorpuseles of the blood; this in faet has been reeently investigated by microscopists, especially Korel, and such growth was found upon the blood corpuscles of patients when seriously suffering from various malarious diseases, such as typhus fever, etc., also in the last stages of consumption; and they agree that this growth exerts a destructive influence upon the body in whieh it takes root.

The appearance of Dr. Tanner's blood verifies this opinion. Very few, if any, corpuscles were free from the fungus, and all appeared to have suffered and shrunk in size, while many of them had become irregular in shape, and evidently were breaking up. As it appears to be the function of the liver to secrete the effete blood corpuseles, the liver of Dr. Tanner must have been taxed greatly, and this would explain his bili·usness during the latter stages of the fast, when he often vomitted bile with the mucus of his stomaeh.

The effect on the blood was already very perceptible twenty-four hours after breaking the fast. The fungoid spores had disappeared from a great many of the blood corpuscles, or, rather, perhaps, fresh ones had been evolved in the system, which is the most probable, as they looked as smooth and fresh as if they were entirely new. At the seeond day about half of the blood had become normal, while on the third day most all the corpuscles were restored; however, there were here and there still some imperfeet ones, irregular in shape, as if they were remnants, and even some of these were not yet entirely free from the fungoid growth."

We would ask that the above be read in connection with the artieles appearing in our last issue on the "Salisbury method in Consumption."

Color-Blindness.

The testimony taken in the investigation into the Garland–Mamie disaster whieh occurred on the Detroit river about a month ago, and through whieh seventeen persons were drowned, eontains mueh diserepancy. The steamers were sailing in opposite directions, and although there was no obstruetion in their course to prevent each from seeing the other for fully a mile before they met, they did not reeognize eaeh other as boats until it was too late to prevent a collision. The eaptain of the Garland, and also the wheelsman, elaim to have seen only the bright light on the Mamie whieh they, however, supposed was a buoy light, and were direeting the eourse of their boat to avoid it. The captain of the Mamie elaims to have had her red and green lights burning, and the question of the responsibility of the collision hinges on the truth of this statement. The offieers of the Garland assert under oath that the colored lights were not burning, and several of the passengers on board their boat testify that they, too, only saw a bright light. The testimony of the officers of the Mamie, however, and that of numerous passengers on the Garland, and persons on the shore, leaves no doubt that the green and red lights were properly in their plaees.

It would naturally be supposed that the offieers of the respective boats would give such testimony as would naturally relieve them from responsibility for the disaster, and in eonsidering the question for our present purpose, we can set this interested testimony aside, eonfining ourselves to the testimony of the passengers on the Garland. This shows that many saw the eolored lights on the Mamie, and that a few saw only a bright light. Those who did not see the colored lights, although looking directly at them, were, possibly, unable to distinguish the colors—were eolor-blind. Possibly the eaptain of the Garland is eolor-blind, and in the interest of justice his power of detecting differenees in eolor should be tested, although the test has not yet been applied.

Color-blindness is more prevalent in the community than is generally suspeeted. Dr. B. Joy Jeffries at the last meeting of the Ameriean Medieal Association tested 465 of the members present, and found that out of that number twenty-two were color-blind. Of them fourteen were red blind, two green blind, and six incompletely color-blind. Dr. Jeffries has made numerous other observations, in Boston and elsewhere, from which he concludes that four per eent. of the inhabitants of this country are unable to distinguish eolors. This fact is sufficient to put the authorities on the alert. The liability to aeeidents from inability of locomotive engineers and boat eaptains or pilots, to distinguish between the colors of the various lights which are adopted for the guidance of sueh, must be very great.

The State of Connecticut has set an example in reference to the above whieh other legislatures should follow. It has passed an Aet requiring of every railway eompany to have each person in their employ as "locomotive engineer or fireman, train conduetor or brakeman, station agent, switchman, flagman, gate–tender or signalman," submitted to an examination, on or before the first day of October next, by one of the examiners appointed by the

Governor of the State, as to color-blindness and visional power. It is further enacted that any railway company who shall after the date specified, have in their employ in either of the capacities specified, any person who does not possess a proper certificate of visional power and of freedom from color-blindness, shall be punished with a fine of not less than $200 nor more than $2,000. The duty and responsibility of carrying out the provisions of this act are vested in the State Board of Health.

Train Catching.

The London *Lancet* has an article under this caption, which should be carefully considered by men who have commenced, physically, to go the down-hill of their lives. Its moral is that such persons should not put forth any sudden undue exertion. The exertion may not be of long duration, and, except on very rare occasions when it "seems to upset" him a little, the effect may be rapidly over and soon forgotten, but the strain on the heart and blood-vessels is violent while it lasts, and although unnoticed at the time may lead to mischief. Prolonged severe exertion in the youth who has not been properly trained against the effort, is apt to work irreparable though perhaps at the time unsuspected, injury to the heart. Herein lies the great danger of amateur athletism. Callow youth and even young men, who have lain idle during the winter feel the vivifying influence of spring and in giving rein to their sudden appetite for exercise, not infrequently do themselves life-long injury. The voluntary muscles can be rested when fatigued, and it soon recognizes its exhaustion; but the case in different with the heart, blood-vessels and involuntary muscular tissue elsewhere. It is not so susceptible to the sense of exhaustion, and may suffer much mischief unconsciously to their possessor. Many cases of organic disease are caused in this manner without the cognizance of the victim.

The *Lancet* calls attention to possible injury to the nerve centres from the sudden undue exertion referred to: "It is a common experience with persons who are laboring under certain forms of incipient or subacute nervous disease, that violent exertion excites them mentally, in some cases producing almost suicidal impulses. There are several hypotheses on which this disturbance may be explained but the point we are at the moment chiefly interested to bring out is the fact that not only may the rapid flow of blood stir the brain to impulsive action, it may even rouse dormant animal propensities to excitement. The impulse felt by a hurrying pedestrian to push or knock persons in his path is not wholly *impatience;* it is in fact, a physically induced irritability which, being often repeated, may become persistent. Train-catching does not improve the temper, and in some instances it may do remote and very serious mental mischief."

Miscellany.

Incurable Disease.—Says the *London Lancet:* Maladies which cannot be "cured" are the opprobria of medicine as an art, and, for the most part, they are not less the enigmas of medicine as a science. It should not, however, be hastily assumed that cases which cannot be cured must therefore be regarded as beyond the hope of recovery. There is a wonderous power of *self*-cure in the organism, and many a sufferer condemned by the "faculty" has been repricved by nature. It is most desirable that this should be born in mind for two principal reasons: 1. Because hope is itself a great specific, even for diseases which seem to be beyond the reach of any remedy, and nothing so greatly tends to destroy the natural chances of recovery as the depression produced by an adverse prognosis, which is often amusingly falsified by the facts of experience; 2. It is a most irrational position to take up that *any* malady is *incurable.* How can the scientist possibly feel sure of the proposition on which he erects his postulate? If it be generally difficult to prove a negative, it is absolutely impossible to do so when that negative is one that excludes the possibility of recovery from a disease. If the practical physician assumes that a case is incurable, he shuts himself out from the field of inquiry and experiment, where a remedy may be found. We are led to make these remarks by signal proof of the *impolicy*—to take no higher ground—of the position we condemn. Patients who are said to be suffering from incurable maladies go to adventurous practitioners, who try empirical remedies, or to "quacks," and recover after they have been "given up." The results of this procedure are to be traced in the advertisement columns of the lay newspapers, in which cures for incurable diseases abound, and it is absurd to suppose that no good follows their use. The *post hoc* is not the *propter hoc,* but that counts for nothing to the public, to the physician who has "waited on events" while he tried his method, or to the quack who reaps the credit of a success he has neither earned nor deserved. These persons do not cure the cases they claim to have benefited, but the cases do get well. And the *modus operandi* is this: A distinguished and able practitioner makes a diagnosis or gives a prognosis which sounds like a death-knell. The patient and his friends are disheartened, and for the time hopeless. By and by hope revives, and in the moment of its rekindling, or after several successive collapses and recoveries of the spirits, the patient falls under the care of some one who, honestly or dishonestly, with or without knowledge, professes to be able to "cure" the case. It is true, perhaps,—though even the most expert clinicians may occasionally be mistaken,—that the disease is incurable, but the case may nevertheless "recover;" and it does recover under the stimulus of hope and perhaps good regimen. Contempt is poured on science, and quackery or empiricism triumphs. The issue is most satisfactory to the patient, but not

so to the medical man. The moral of the tale does not need to be pointed. It lies on the surface. The category of "incurable" diseases should be reduced, and no *case* ought to be "given up" or condemned; for while there is life there is hope, and hope itself may, and does, cure even diseases which science, in its supposed omniscience, asserts to be incurable, the physician being fooled.

VIVISECTION.—The abuse to which vivisection has been submitted by our medical schools is beginning to bear its natural fruit. That the vast majority of the class demonstrations each winter are not only useless but cruel and demoralizing, is not deniable. The reaction from this wanton abuse has set in, in England, and it is to be feared that injury to the cause of science will be the result, for it would not be well to entirely prohibit vivisection.

A writer in the *Med. Times and Gazette* has the following on the subject:

The petition presented to Mr. Gladstone last week by a hundred representative men is a happy sign that the mental appetite of *intellectual* Englishmen stops short of a morbid craving for new foods. And we may confidently hope that biologists, having utterly failed to establish their claim to advance our material health and prosperity, will not be suffered to wound our feelings merely to satisfy the barren theories of an infinitesimal minority. Practical life requires philosophic guidance in about the same degree as navigation requires that the captain of a ship should be a profound astronomer, though it is perhaps fortunate for navigators that astronomers have existed. The laboratory and the study have contributed to art, but how small are their practical services compared with their barren acquisitions! Of experimental physiology, in particular, what is the use to the healing art when Sir Charles Bell, Sir James Paget, Sir William Fergusson, Professor Syme, and Sir William Gull have dispensed with its services?—which of course we know to be a fact. If not exactly admirable, it is at least permissible to pursue a science for its own sake. But can there be any justification for the pursuit of a barren science by methods which only the most signal services could excuse? Is biology to be studied by means of painful experiments for the sake of remote possibilities, merely to educate its own students, or for the sake of the training which its methods are alleged to give in an exact appreciation of evidence? If such be the object, this science is but a selfish and mysterious sport, and nowise defensible like that of the sportsman; for the latter gives pleasure to the many, while the former gives pain to the many, gratification to but a few. Even granting to biology some degree of utility, how is it upheld by its defenders, with whom man is but a superior animal? Is it part of their creed that the weaker may be sacrificed for the welfare, or rather the luxury, of the stronger?

After all, to what end does this study tend? To the better knowledge of disease, and of its cure? *We* understand not. To the education of its devotees? Yes. To anything beyond this? No; unless it be to an inhuman carelessness by which we ourselves might some day suffer in the interest of "scientific truth."

BOTANY AND MEDICINE.—Dr. A. T. G. Balfour, in resigning the Presidency of the Botanical Society of Edinburgh, delivered an earnest address in favor of the study of botany as a branch of medical education. After arguing that medical students ought to study botany on account of the intimate connection which subsists between the animal and vegetable kingdoms, Dr. Balfour observed that as a large proportion of the substances of the materia medica are derived from the vegetable world, medical men are bound to know something of the characters and relations of the plants that yield them. "If any one should say, he observes, "that we can easily prescribe rhubarb without knowing its botanical source, or that it belongs to the *Polygonaceæ*, then I answer that we can with equal facility prescribe Epsom salts without any knowledge of its being sulphate of magnesia; but, if the absence of the latter knowledge would imply an ignorance of chemistry which would exclude from the medical profession, on what ground can an equally gross ignorance of botany be tolerated?" Commenting on these remarks the *British Medical Journal*, says: "We are afraid Dr. Balfour will find that, not only must a gross ignorance of botany be tolerated in the medical profession, but that a considerable ignorance of chemistry must also be put up with. If he pursued his examination of medical men in chemistry a little beyond the constitution of Epsom salts, he would discover that they are often utterly unacquainted with the formulæ and reactions of substances which they employ in practice with skill and precision. A thousand medical men prescribe strychnia for one who remembers the formula $C_{21}H_{22}N_2O_2$, and calomel is used with excellent effect daily by scores of practitioners who would be puzzled to describe the mode of preparation of mercurous chloride. It is, of course, desirable that an acquaintance with a certain number of chemical and and botanical facts should be required of candidates at an examination in materia medica, but these facts may be acquired during the study of materia medica and ought not to involve separate courses of study in the sciences from which they are primarily derived; for it seems certain that chemistry could not maintain its place as a branch of medical education, if it had no other connections with medical science and practice than those which it maintains through the materia medica. But the facts of chemistry and of botany, which are properly acquired for examination purposes, drop out of the mind soon afterwards, without any prejudice to professional sagacity and skill. A few prominent ones, like the constitution of Epsom salts and the characters of the Papaveraceæ, still perhaps cling to memory, but the vast majority fall from it like autumn leaves, not however, without having made some permanent addition to the stem of knowledge. To

insist on the retention of such facts, and to multiply indefinitely the number of them that must be acquired, would be but to impose upon the mind irksome and detrimental burdens, and would certainly not facilitate the application of it to the ordinary problems of medical practice."

Acidity as a Cause of Sterility.—In many cases of sterility the cause is not discoverable. The conditions for impregation are apparently all present—the anatomical configuration of the female genitalia is perfect, and the male fluid teems with lively spermatozoa,–but the most honest effort is unattended with the desired result. In a recent paper read by Dr. Charrier before the Paris Society de Médicin and published in the *Bulletin de Thérapeutique*, the possible hindrance in such cases is pointed out. The paper closes with the following conclusions ;

1. In some rare cases, in women who are otherwise quite well, the utero-vaginal secretions are quite sour, as is seen by their reddening litmus.

2. This acid may prove an absolute obstacle to fertility, as spermatozoa are killed in even a slightly acid medium.

3. This abnormal state is to be remedied by an alkaline treatment, by means of alkaline drinks and baths, and tepid alkaline injections.

4. When this acid condition has been neutralised, conception may take place. (Two cases in point are detailed).

5. This disappearance of activity under the influence of alkaline treatment may explain the success which is obtained at alkaline and sulphuro-alkaline mineral water establishments in the treatment of sterility.

In a note in the *Bulletin* of June 30, Prof. Pajot entirely confirms this statement, and says that for many years past he has been in the habit of prescribing injections of Vichy water in these cases of acid vaginal discharges. He observes that in fair women, and especially those with a red complexion, and more rarely in brunettes, the acidity of the secretions sometimes reaches such a point that, in spite of the extremest cleanliness, the acid odor is preceived during the passage of the speculum. Dr. Charrier says that the best liquid for injection in these cases is that devised by Byasson (water 1000 grammes, the white of one egg, and fifty-nine grammes of phosphate of soda), in which he was able to keep spermatozoa alive for twelve day at a temperature of 36° C.

Purgative Coffee.—The following decoction is recommended in *Progrés Medical* as an agreeable purge. It is used is the insane asylum of Lisbon:

℞ Senna	ʒ v.
Roasted coffee	ʒ ijss.
Boiling water	℥ iij.
Milk	℥ jv.
Sugar	℥ i.

To be taken in a single dose by an adult.

The London *Lancet* informs us that in the coming fall Jupiter, Saturn, Uranus and Neptune will be in perihelion simultaneously, a coincidence which has not occurred before for nearly 1800 years. An Irish prophet asserts that the " Star of Bethlehem " will make its appearance under the horizon during August. These celestial happenings are, it is said, to usher in disastrous outbreaks of pestilences, a veritable saturnalia of death, and a bad time generally—a repetition of the terrible pestilences and terrestrial convulsions which characterized the earlier years of the Christian era. In view of all these portentous things the *Medical Record* felicitates itself on the fact that we have a National Board of Health, at any rate.

Referring to the efforts which are being made in certain quarters to conform our pharmacopœia to those of continental Europe, the Philadelphia *Medical Times* says that they "draw away from the English standard. All our linguistic sympathies naturally flow towards England, not France or Germany ; it is an English-speaking, not a French chattering, or a German gutturalizing people that the Pharmacopœia is being prepared for. The deep, strong river of Anglo-Saxon has flooded this continent with its pure waters ; German, French, Italian, and a host of minor streams are flowing in, but let us all aid in seeing that they do not pollute our most worshipful of languages."

Dr. E. C. Seguin, 41 West Twentieth street, New York, has been selected by the Paris Committee having in charge the subscription for a monument or memorial to the late Prof. Claude Bernard, to represent them in this country. He appeals to the profession for contributions to this purpose. Claude Bernard was an illustrious physiologist, and did much to advance physiology. Dr. Seguin says every practicing physician owes his labors a great debt. All who admit the correctness of this proposition are requested to remit their bank checks or postal money orders to Dr. Seguin.

Tranverse depression of the nails has recently been advanced as a sign of sickness, and insurance examiners have been instructed by their companies to notice the condition of the nails of applicants in this regard. Some comment has been made on the subject through the medical press, but the theory seems not to be devoid of exceptions. A Dr. Richard Budd, writes to the London *Lancet* that for thirty years his nails have been transversely depressed, and yet he considers himself a healthy man, never having been sick in his life.

Another diploma shop has been unearthed in Kansas City, Mo. It is said to present the appearance, in many of its features, of being descended from the Philadelphia concern recently squelched. The profession of Kansas City will save themselves the shame which has attached to their brethren of Philadelphia, by arising in the power of their might, and rooting out the vile thing.

The Long Island College Hospital Announcement for 1880-81 has the following on the question of preliminary education: "The Faculty earnestly desire to co-operate with the profession at large in securing a higher grade of preliminary education before the student enters upon professional studies; but until some uniform grade is agreed upon by the leading Colleges of the country the responsibility of such qualification must rest with the private instructor, where of necessity it belongs." And yet this College, we suppose, ranks itself among the leading! The above is not only a reproach to American medicine, but it does violence to common sense. Comment on it without losing temper, is impossible.

The following is recommended as a copying ink which may be used without press or water. Mix well three pints of jet black writing ink and one pint of glycerine. This, if used on glazed paper, will not dry for hours and will yield one or two fair neat copies, by simple pressure of the hand, in any good letter copy book. To prevent "setting off" the superfluous ink after copying should be removed by blotting paper. The writing should not be excessively fine nor strokes uneven or heavy.

Philadelphia has thirty firms engaged in the manufacture of chemicals, in which are included drugs and medicines for the wholesale trade, acids, alkalies, and chemical agents used in the manufactures. The product for the fiscal year just closed was $12,000,000 having increased from a trifle over $6,000,000, in 1870. The figures do not include proprietary medicines, so-called, which return upwards of $6,000,000. The vast product gives employment only to about 2,000 persons.

The notorious Buchanan is reported to have his quietus made with a cold bath, having, it is said, jumped overboard while crossing on the ferry from Philadelphia to Camden, about 1 o'clock on the morning of the 17th inst. It was during the full ebb of the tide and his body was not, and has not yet been recovered. This is a characteristic dodge of the great diploma seller, and it is darkly hinted that he swam ashore and is now a fugitive from justice. He was under heavy bonds to appear for trial for unlawfully using the United States mails, and this may be a trick to at once escape and at the same time relieve his bondsmen. Whether dead or living this country is rid of him, and herein is reason for thanks.

Since the above was written the daily papers assert that Buchanan at the time of the "suicide" was in this city, disguised, and under the name of Dr. Fairchild, where with some kindred spirits he had been setting measures on foot to start another diploma shop. The individual who personated him in the "suicide" was an expert swimmer who played his part for money, as has since transpired. "Dr. Fairchild" suddenly disappeared a few days ago, and the proposed shop will probably not be attempted. We are of the opinion that such a concern would not run very smoothly in this latitude. Institutions of this nature thrive best in Philadelphia and Cincinnati.

"Notes of Hospital Practice" heretofore appearing in separate volumes, representing the practice of the New York and Philadelphia Hospitals, respectively, have been consolidated into one volume and this provided with a complete index. The work has been a financial success, over 2,000 copies having been sold in the past six months. Dr. S. M. Miller, of Philadelphia, is the publisher.

Messrs. Reed & Carnrick, the New York pharmacists and manufacturers of maltine are reaping the results of their enterprize, and find their old quarters no longer equal to the demands of their business. They have consequently equipped a new and larger laboratory at Yonkers-on-the-Hudson, where with increased facilities they hope to be able to supply the increasing demand for their goods. They ship Maltine to all quarters of the globe, even to Australia and the islands of the sea.

A subscriber at Bismarck, Dakota, writes on the subject of Dr. Tanner's fast, expressing his disbelief in its honest accomplishment. We shall not argue the matter, the question being one which does not admit of argument. A forty days' abstinence from food may be, and is, contrary to our ideas of the capability of the human being, but the evidence before us shows, beyond a doubt, that Dr. Tanner accomplished it. All mere assertion and argument based on the physiological functions go for naught when placed side by side with stubborn facts.

The Legislature of South Carolina has passed a law allowing physicians $10 for testifying as experts in any medical case. This is an addition to the per diem and mileage accorded to ordinary witnesses. The law was passed through the effort and agitation of the Abbeville Medical Society. What is the profession of Michigan going to do in this and other directions, with our legislature this winter?

Book Notices.

A Report on Otology. By S. J. Jones, A. M., M. D., Professor of Ophthalmology and Otology in the Chicago Medical College. Reprint from Transactions of the Illinois State Medical Society.
The Present State of Otology. *Ibid.*
The Present State of Ophthalmology. *Ibid.*

Coccygodynia. A Lecture Delivered in Chicago Medical College. By Edward W. Jenks, M. D., LL. D., Professor of Medical and Surgical Diseases of Women and Clinical Gynœcology in Chicago Medical College; Fellow of Obstetrical Society of London, etc. Reprint from *Medical Record.*

Fracture of the Humeral Epiphysis in Old Dislocations of the Elbow. By Theodore A. McGraw, M. D., Professor of Surgery in the Detroit Medical College. Reprint from *The Medical Record.*

Abscesses of the Abdomen. *Ibid.* Reprint from the Detroit *Lancet*

What Constitutes a Discovery in Science? By George M. Beard, A. M., M. D., New York.

Lacerations of the Neck of the Uterus. By A. Reeves Jackson, A. M., M. D. Formerly Surgeon-in-Chief of the Woman's Hospital of the State of Illinois, etc. Reprint from the *American Practitioner*.

What has been done by the Asylum Association in the Interest of Scientific Psychiatry? By Edward C. Spitzka, M. D., New York, Tuke Prize Essayist, Wm. A. Hammond Prize Essayist. Reprint from the *Chicago Medical Review*.

Sympathetic Affections of the Eye. By C. J. Lundy, M. D., Professor of Diseases of the Eye, Ear, and Throat in the Michigan College of Medicine. Reprint from Leonard's Illustrated Medical Journal.

Original Articles.

Basedow's or Grave's Disease—A Case in Practice.

BY C. G. DAVIS, M. D., MILFORD, MICH.

The only excuse I can offer to the profession in writing and publishing the clinical history of a single case of this disease, is its rare occurrence, and consequently the almost total ignorance of a large majority of the profession concering its management and treatment, probably not one physician in fifty, practicing in the country and smaller towns, ever having seen a case, and some with whom I have talked never having heard of the disease. Prof. Flint had only seen six cases when the third edition of his work on "Practice" was issued, and Ziemssen about the same number.

Mrs. J. M., æt. 40, wife of a farmer, a woman of good constitution and habits, lymphatic temperament, robust and healthy, normal weight about 160 pounds, while nursing her second child ten months of age, began first to loose flesh and become anæmic—a not uncommon thing with women nursing children.

First noticed some excitement and palpitation of the heart in November, 1879, after running to a neighbor's house about one-fourth of a mile away, where the wife had just committed suicide by drowning, in a water tank near the house, used for watering stock. About a month later noticed an enlargement of the thyroid gland, on the left side, and about a month afterwards on the right side; she continued to loose flesh and have attacks of palpitation with irregular action of the heart upon over-exercise or quick movements, together with more enlargement of the thyroid gland until February, 1880, when she first consulted me in regard to her neck, but said nothing about the heart difficulty, which was consequently overlooked at that time. I prescribed the usual remedies for goitre, but without much success. Was afterwards called to see her on March 26th, and found her much more anæmic and quite emaciated. Sould think at that time she had lost forty pounds in weight; tongue heavily coated with a thick yellowish coat, with pain in the region of the liver, bowels constipated, loss of appetite and head ache. Also noticed some prominence of the eye-balls, and an irregular action of the pulse, which led me to examine the heart, which I found to be palpitating and quite irregular, averaging 120 per minute. She told me she had been broken of her rest nights by the child, and had not been able to get much sleep for some time, had become quite restless and nervous. I ordered the child to be weaned at once and taken away from the mother nights, so as to give her rest; prohibited the use of all tea, coffee, or stimulants of any kind; gave tonics of quinine and dialysed iron, also gave alteratives in small doses with the quinia to relieve the constipation and congestion of the liver. I did not at this visit decide as to the diagnosis of the disease. I at first supposed it to be purely anæmia, induced by lactation and want of rest, knowing that this often produced palpitation of the heart; but there was the stroma and prominence of the eyes to be accounted for, which led me to suspect something more than anæmia, and thought of exophthalmic goitre, but as I had never seen a case of it I did not feel sure about the diagnosis. On consulting Flint I found that his description of the disease corresponded with the symptoms presented in this case exactly.

As the patient lived four miles out of town I did not visit her again until one week from that time, when I found her worse than on my former visit. I again examined the heart (this time with the stethoscope, not having had it with me on my former visit) and could distinguish a murmur, doubtless due to the regurgitation of mitral valves, with intermittent and very irregular action, but not much dilatation, if any. Pulse 120 per minute and the eyeballs becoming more prominent than before; great throbbing of the carotids and thyroid body, which seemed to be getting larger, especially upon the right side. I now felt sure that I had a case of exophthalmic goitre or Basedow's disease.

I now put her upon a course of treatment to reduce the action of the heart. Gave fluid extract of digitalis and hyosciamus equal parts, eight drops every four hours during the day, omitting a couple of doses in the night. Gave tonics of dialyzed iron and quinia as before, and continued this treatment with some variations until April 23d, with some signs of improvement, when I was again called hurriedly, messenger stating that patient was delirious and vomiting. Found her in quite an alarming condition, pulse 140, extremities cold, perspiring freely, vomiting everything taken, somewhat delirious and unable to articulate words distinctly.

After two or three attempts to quiet the stomach with morphia sulph. and chloral, without success, I gave one-third grain of morphia hypodermically which quieted the stomach, patient sleeping about three hours.

There was no dyspnœa at any time of any amount, patient lying down most of the time, but she would frequently have a paroxysm of coughing very severe, which would not yield to any treatment, but would finally pass off, only to return after an hour or two.

April 24th. Patient feeling some better, but having some fears that the digitalis had been the cause of the vomiting and paralysis of the tongue. I discontinued its use and gave fluid extract belladonna

and valerianate of ammonia, otherwise continued the same treatment as before, as the stomach would bear it. Patient did not seem to do as well the next few days. Had no vomiting but was somewhat nauseated, the carotids, heart and abdominal aorta beating and throbbing very hard all the time, 120 to 130 per minute.

April 30th. Was again sent for, patient having another attack of nausea and vomiting, found her in much the same condition as before, only not as much difficulty in articulating words ; quieted the stomach, as before, with morphine hypodermically. I now requested counsel, and brought Dr. Johnson the next morning, who fully concurred in the diagnosis as also in the treatment of the case thus far, but having done everything recommended by the best authorities, except the use of electricity, without any apparent benefit, we decided to give that a trial. I accordingly commenced its use next day, May 2d, and continued to use it every other day for the first month, and since that time to the present date, August 16th, have used it twice a week, patient now coming to my office to have it applied. Have also used tonics of cinchonia, iron, strychnia, lupulin, etc., until about a month ago, when I discontinued them, not seeing much benefit, if any in their use.

Ziemssen recommends the magnetic or continuous current as the one likely to be of the most benefit in reducing the heart's action, and says he has seen it reduced twenty to thirty beats at one application. I tried the continuous current the first few sittings, but failed to get the decided and prompt reduction of the heart's action named, possibly because my battery was not strong enough, but could see that the force of the beat was reduced, and that the action of the heart became more regular. I afterwards used the interrupted or Faradaic current, at first alternate with the continuous current and finally altogether, patient liking it the best. She also thought it did her more good than the continuous current, which opinion I concurred in.

May 15th. Seems to be gaining some, sits up part of the time and takes more nourishment, having heretofore not been able to take only that of the lightest kind, such as milk, beef-tea and chicken soup. She had at this time become very much emaciated, and I don't think she would weigh one hundred pounds. She now began to take a little more food, crackers, toast, a little beef and chicken without distressing her, and I began to entertain hopes of recovery, having heretofore about given up all hopes of her getting well, but had been careful to keep my prognosis from her.

May 17th, had another slight attack of vomiting with numbness and prickling of the hands. May 18th still nauseated and unable to take much food. Gave bismuth, pepsine and morphia, which quieted the stomach, also induced her to take small bits of ice, which seemed to agree with her. May 19th and 20th continued the bismuth and pepsine, also the ice, with good effect, patient taking more food than before. Pulse came down to-day from 120 to 100 while using the battery one hour.

May 22d. Patient still gaining; continued the use of the ice and bismuth and pepsine powders, which seem to be of more benefit than any other medicine taken. Also continued to use the battery one hour each time; also increased its strength each time. I apply the electricity by placing the negative electrode over the cervical sympathetic nerves alternately, or both at once, by clasping my hand around the back of the neck letting the current pass through me; the positive pole I place over the solar plexus in the hypogastric region, occasionally changing the poles and sending the current the other way for a short time. Since that time she has continued to improve slowly until the present writing, and now does some light work. Has no palpitation and but little irregularity of the heart's action, which is still a little too quick, averaging from eighty to ninety beats per minute according to the amount of exercise taken, running down when sitting or lying down, and increasing when walking about. The eyes have regained their natural appearance, and the stroma has almost entirely disappeared, there being only a slight enlargement upon the right side. Her catamenia appeared slightly in May, and has returned regularly since, gradually increasing in amount. She is also regaining her flesh, now weighing about 125 pounds, and I think without doubt, by the first of January next will have entirely recovered her usual health and weight.

As to the use of medicines in this disease, if one can judge from a single case, I should say with Ziemssen that they are of doubtful utility towards effecting a cure, doing no good only so far as being useful to palliate symptoms, allay pain, control vomiting, produce sleep, etc. If I were to treat another patient with this disease I would rely wholly upon electricity, thoroughly applied, long continued, and used as strong as the patient could bear it.

This seems to be essentially a nervous disease, and Ziemssen says it may be caused by nervous shock and prostration, and by bad news, such as the death of a relative, fright, etc. If this be the case may not this patient have contracted the disease by nervous excitement, induced by the news of the death of her neighbor at the time she first notice the palpitation, after running? Certainly the anæmic condition present at that time was favorable to the production of the disease in that way if that would produce it.

August 20. 1880.

Hemiplegia and its Treatment.

A CLINICAL LECTURE BY H. C. WOOD, M. D., PHILADELPHIA.

[Special Report.]

Hemiplegia is usually spoken of as a palsy of one side of the body. Strictly speaking, this definition is not the correct one, for the muscles of the trunk are usually unaffected. Hemiplegia is, therefore, in reality, a palsy of an arm and leg on one side of

the body. Why is it that the lateral muscles of the trunk are not affected as well as those of the extremities ? Broadbent, of London, has advanced a theory to explain this seeming anomaly.

Did any of you ever try to breathe with one side of your chest alone? Of course you could not do it. You will find it very hard to depress one eyebrow and elevate the other. The reason of this is that these muscles are associated in their movements. There must be some fusion of, or very intimate connection between, the centres which control these muscles. Let us suppose, then, says Dr. Broadbent, two rows of centres of motility throughout the length of the cord by means of which centres the limbs are moved. A clot is thrown out in the corpus striatum, and all voluntary motion on that side of the body is prevented, but all the motor cells of the cord are joined together by commissural fibres. Thus, while all voluntary movement is stopped on one side of the cord, the nerve paths of the other side of the cord are still open to the passage of the pulses. So the impulse communicated to the associated centre on one side runs across, by a commissure, to its fellow of the other side, and moves its subject muscle also. The impulse from one side of the brain throws both of the associated series of muscles into action. But why, you will say, does not the same rule hold good for the centres which control the arms and legs? True that all the centres of the cord are joined together, but the nervous pathway between the muscles of the arms and legs are not near so open to nerve impulses as in the case between the centres of the associated muscles, hence the impulse does not travel freely over them.

Let me repeat briefly what Dr. Broadbent says, viz.: The habitual action of pairs of muscles shows that their centres are closely bound together by commissural fibres. In any palsy on one side of the body, the movement imparted to the nerve centres of the muscles of the trunk of the injured side of the body comes from the other side of the brain and travels over the commissural fibres.

Hemiplegia of cerebral origin depends upon a softening, clot, abscess, tumor, or exudation involving some part of the centre of volition, such as the corpora striata, or of the thalami. This being the case, in most instances we can do nothing at the time when the attack begins. Where the symptoms of acute congestion of fhe brain are present, such as flushing of the face, which gradually assumes a purplish color, bleeding is indicated. In former times it was the habit to bleed every case of apo plexy. Where there is profound exhaustion, however, bleeding does injury, and the patient must be kept quiet with his feet in a hot mustard bath. Cold may be applied to the head and sweet spirits of nitre administered internally.

If a clot has been thrown out it is very evident that you cannot remove it. This work must be left to nature. Iodide of potassium may be given with the hope of hastening its absorption, but you had better put your patient to bed and keep him quiet and comfortable and wait for nature to effect the removal of the clot. Of course the patient must be kept upon low diet—milk and water is the best—to provide against the danger of cerebritis. If cerebritis supervenes in spite of you, it must be combated with aconite and veratrum viride, revulsives and cardiac sedatives. There will generally be a reaction from the condition of unconsciousness upon the second or third day. In the course of two or three months, perhaps sooner, it will be time to treat the palsy, for there will always be more or less palsy of the muscles. The clot thrown out in the brain has prevented muscular action and the muscles are therefore beginning to waste from long inactivity. Though you could not treat the clot you can treat the palsied muscles. Perhaps nature has removed the clot by this time and all that remains to be done is to stimulate and tone up the muscles. For this purpose electricity and full doses of strychnia are necessary. Strychnia will increase the tendency to crebral inflammation, so it is not to be given until all danger from that source is past. So with the electricity, do not begin too soon with it.

You have begun your treatment, we will say, with electricity and strychnia and for the first five or six weeks enjoy very plain sailing. The muscle seems to be gradually responding more and more successfully to your treatment, and you look forward to a very speedy cure and no doubt tell your patient as much. When, suddenly, and without any warn- you come to a dead stop. The muscle has, by careful treatment, reached the same point of potential activity that it held before the attack occurred, and responds charmingly to the weakest, smallest current, but you look in vain for any such thing as voluntary motion: the limb is as dead as ever, so far as its subservience to the will is concerned. The fact is that the treatment has brought you up to the seat of injury, only to find that the clot still exists, unremoved by nature, and that that side of the body is just as much paralyzed as ever. This being the case, never tell your patient that you are going to cure him without a doubt and that right soon, until the cure is completed; and do not at any time let his hopes of ultimate success run too high. All you can do is to tone up the peripheral system; nature alone can remove the clot.

Strychnia should and may be administered up to the point of producing muscular spasm. The dose varies for the one-thirtieth to the one-tenth or even to the one-fifth of a grain three times a day. Of course the limit must be reached by gradually making the system accustomed to the drug. As regards the electrical treatment, that current should be employed which causes the least pain and greatest contraction; this will usually turn out to be the faradic. In every case, as a general rule, the muscular tonicity can be improved in proportion as it has degenerated. In the absence of the above treatment total muscular rigidity supervenes and puts all curative measures out of question.

Diet List for Lactation, on the Salisbury Plan.

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BY EPHRAIM CUTTER, M. D., BOSTON, MASS.
Member Gynæcological Society of Boston; Victoria Institute, London, Etc.

Aliments include air and drinks. Food should be pure, seasonable, healthy, properly cooked, regularly taken and liberally eaten. Besides the æsthetic view of food there are the chemical—kinetic—physiological, pathological and therapeutical. Common sense estimates include all these. As the object of lactation is a plentiful supply of milk that answers to the above standards, the nursing mother should not allow love of the beautiful alone to select her food. While food should not offend the senses, it should contain all the elements found in the infant's body, be rich in blood, nerve, bone, muscle, vascular, glandular, respiratory elements. In other words as we feed kine for milk, birds for health, and horses for work, by giving them their natural food, so we should feed nursing women on their natural food, to wit, two-thirds animal and one-third vegetable (Salisbury.) Besides it would be better to live on the diet during gestation.

LIST OF FOODS.

ANIMAL FOOD.

Milk,
Eggs,
Cream,
Cheese,
Beef steak,
Sirloin steak,
Porter house steak,
Roast beef,
Corned beef,
Beef tongue,
Tripe,
Ox tail,
Calves feet and heads,
Pork, fresh and salt,
Pig's feet and heads,
Sausages,
Chicken,
Geese,
Pigeon,
Squab,
Fish of all kinds, aquatic or marine,
Salmon,
Eels,
Haddock,
Soup,
Perch,
Halibut,
Sword fish,
Cusk,
Clams,
Clam water,
Shell fish.
Oysters,
Scollops,
Shrimps.

VEGETABLE FOOD.

Wheat, whole, cracked, crushed and baked like oatmeal,
Arlington wheat meal,
Franklin mills entire flour,
Cold blast,
Carr's Graham flour,
Oats,
Rye,
Maize,
Buckwheat,
Peas,
Cabbage,
Tomatoes,
Celery,
Onions,
Spinach,
Lettuce,
Dandelion,
Parsley,
Raddish,
Cranberry,
Turnip,
Squash,
Carrot,
Pickles,
Fruits,
Apples,
Irish moss.

NOTE.—The patient is not expected to eat every thing on the list in order, but to make selections according to will, but the articles in italics are preferable.

5 Somerset St., Boston, Mass. Aug. 2nd, 1880.

Piece of Glass Several Years in Scrotum.

BY F. E. BODEMANN, M. D., DETROIT, MICH.

History.—F. C. G., Ann Arbor, Mich., æt. 35, unmarried, complains of enlargement of the right testicle, sore throat and pains in spermatic cord, especially during a change to wet and stormy weather. Has had sores on penis, pains in legs and arms, throat alternates between better and worse. Ten years ago, in Yates County, N. Y., while dreaming of fire, he jumped out of a window, necessarily breaking the glass, and thinks he must have had a piece of glass driven into the scrotum. "Nut began to swell right off. Got the pox in 1872 in Washington, D. C. Was treated for syphilis at different places. Was never cured. Was at hospital in Chicago three months; in Detroit hospital four months." (Here let me say in justice to his medical advisers that he never called attention to condition of testicle). Has had falling out of the hair and "sores" on head. Says: "Former treatment done some good but no cure; guess it was my own fault that I was not cured, drank all the time." Present condition.—Ulcers in throat, characteristic coppery blotches on spines of tibiæ. The right testicle is swollen to about the size of a goose egg, cord not thickened, surface of testicle smooth and not nodulated, not preceptibly harder or softer than normal. The other testicle is normal in size and healthy. No family history of rheumatism, gout, scrofula, etc.; general health good. Under the left testicle, but *exterior* to it in the scrotal tissue, can be felt an angular body approaching in form that of a scalene triangle and freely movable between the fingers. Pressure in its short diameter gives no pain, but sharp pain when pressed in its long diameter. Slight almost imperceptible, scar at one end on scrotum. Edges of body sharp and well defined. On June 10th, 1880, my friend Dr. Jenkins assisted me, and on having given chloroform (patient insisted on having it) I cut down and removed without difficulty a piece of glass one inch long, one fourth inch wide at one extremity and tapering to a point at the other. Painted scrotum around testicle with tincture iodine, (leaving wide margin around cut) and approximated edges of wound with plaster. Directed the iodine should be applied as often as possible without producing excoriation and desquamation, till cut healed, and the testicle to be strapped and a suspensory bandage used. Gave a favorite old prescription of the London Lock Hospital of practitioners, viz.:

℞ Hydrargyri chloridi corrosivi,....gr. 1-16
Kali iodidi,.....grs. iij
Tincturæ cinchonæ compositæ..... ʒ j

M. t. d. s. soon after meals, as an absorbent and antisyphilitic. He had been given both mercury and potash before, otherwise I should have used a preparation of mercury alone first. Ulcers in throat to be touched with a weak solution of nitrate of silver and sulphate of copper once a day alternately, and mild, slightly astringent gargles of alum or tannic acid to be used frequently. The wound healed in about ten days but I saw no more of the patient till Wednesday last, August 4th. Throat better, ulcers nearly disappeared. Says, "blotches on legs are nearly faded out." Complains of pain behind xiphoid appendix; testicle little if

any smaller; general condition as before. Strapped it well; ordered suspensory bandage and continued medicine. Directed when the plaster became loose it was to be again strapped.

Any suggestions as to further treatment would be gladly received. The uniqueness of the case consists in:

1. A sharp piece of glass remaining so long exterior to any cavity, sac or cyst without inflammation, etc.

2. Why should the testicle swell when no irritation seemed to exist?

294 Jefferson Avanue.

Selections.

Post Partum Hæmorrhage.—Dr. Geo. J. Engelmann, in St. Louis *Med. and Surg. Journal*, discusses this subject exhaustively. He gives the following as his treatment, and vouches for the uniform success attending it:

Find out the kind and character of the hæmorrhage, and begin treatment with milder means, is a good rule to be governed by, provided you are prepared to act with decision at any moment.

If called suddenly to a case, familiarize yourself with it—the hand placed upon the fundus serves at once as a diagnostic and a therapeutic agent; judicious pressure tends to empty the uterus of the accumulated clots, and kneading, as an irritant stimulates contraction; at the same time we learn the amount of distension and relaxation of the organ as well as its contractility and the condition of the bladder, a point often neglected; if there be any accumulation of urine, this should be evacuated at once as a distended bladder mechanically hinders the contraction of uterus, and may itself cause hæmorrhage, or resist our efforts at treatment, if existing from this or other causes.

I have rarely seen any effect from simple friction unless it be with ice, or by the hand dipped in cold water; it should be tried if their is but a slight bleeding, but if active interference is necessary, I endeavor to grasp and compress the distended fundus, at the same time directing the pressure downward in the axis of the pelvis; if the effect of cold be combined with that of pressure and mechanical irritation —*i. e.*, the hand dipped in cold water—this gives us an effective means of dealing with milder cases; but if the blood still flows freely and the uterus will not contract, I keep one hand upon the fundus and pass the other into the vagina, clear out the clots and examine the condition of the parts. If the womb still does not respond, I do not hesitate, but pass the hand at once into the uterine cavity, remove the clots, examine the inner surface and then with the knuckle of the clenched hand irritate the sluggish muscle, whilst firm pressure is maintained with the other hand, grasping the fundus, so that the flabby uterine walls are compressed between the two hands; if the uterus contracts well it will forcibly expel the troublesome hand; if not, I pass a piece of ice—which can be had in almost every house in the summer time—into the cavity; a handfull of snow will answer as well. I use this if it is to be had, without delay; if not, I have injected ice water, or cold water, whichever was convenient, into the uterus, keeping my hand in its place, so as to guide the nozzle of the syringe, which the assistant passed to me. Nothing is lost by this, if the womb does not contract, the cavity is thoroughly cleaned and ready for the use of iron.

I must say in this place, that although this has been my practice, I shall not continue it, since we have in hot water an equally powerful and much less disagreeable agent; the injection of a stream of cold water produces a severe shock and a local irritation stimulating contraction, but the bed-clothes are saturated, wet and cold, and the patient herself, whose extremities are already cool, is chilled. Hot water will answer the purpose as well if not better and is not liable to the same objections.

If, after this, the womb does not contract, I resort at once to the use of the iron, which I look upon as a powerful and safe styptic, but not as a dangerous and desperate *dernier resort.*

I bring the patient around in bed in position for the forceps, introduce a Cusco speculum and with wads of cotton prepared by an assistant, which I seize with my long uterine dressing forceps, I seek to clear the cavity of the blood which has again accumulated.

The assistant has also soaked a number of cotton wads, as large as a walnut, in perchloride of iron, and pressed out the mass of fluid, so as to leave them well soaked, but merely moist with iron; they must be well saturated but not dripping. As soon as I have cleaned the cavity as far as it is possible amid the constant flow of blood, I seize a wad of iron-cotton on my forceps and mop the walls of the cavity thoroughly, removing as much as possible of the clotted blood as I withdraw the cotton. I rapidly take up one cotton wad after the other and swab the uterus until the hæmorrhage ceases. We are generally given but little time; the iron acts as an irritant as well as styptic, and the uterus firmly and speedily contracts.

The perchloride of iron applied in this way has never failed me in any case where pressure, kneading, ice, ergot, cold water injections had all been tried in vain, or in cases which were so urgent as not to permit my resorting first to the questionable "ordinary treatment."

Leishman, in discussing the intra-uterine injection of perchloride of iron considers it as justifiable, and even called for, in extreme cases, but says: "Were it possible to sponge the inner surface of the uterus in an efficient manner, this no doubt would be preferable, but as it would be all but impossible thus to bring the styptic solution into actual contact with the bleeding surface, some other means must be adopted."

It *is* possible to do this and to do it safely and effectually, at least I have no reason to suppose that

others will be less fortunate than myself in following the treatment described.

Dr. Wynn Williams, as he tells in the noted discussions on the use of iron in post-partum hæmorrhage in the London Obstetric Society, passes a sponge, upon which iron has been poured, into the uterus, through the hollow of the hand already introduced, after emptying the uterus of clots, then sponges the interior of the womb. This I deem preferable to the injection of the styptic fluid, but not as safe as the application through the speculum.

The uterus has, in all cases, responded at once to this treatment and no ill effects either immediate or secondary followed. The getting up was as good as could be expected after a serious loss of blood, and I have never known febrile symptoms to follow.

Iron used in this way is certain to check hemorrhage, and is free from all the dangers which attend its use by injections; we avoid the immediate danger of forcing the fluid into the tubes and the secondary danger of septicæmia from disintegration of the clots *in utero;* there are no clots, nothing but the small black granules of coagulated blood, which gradually pass away with the lochial discharge.

This method is as safe as it is certain and must not be looked upon as a desperate last resort, but should be adopted in every case as soon as ordinary means fail, nor should we hesitate to employ it at once if the case seems alarming.

I have applied the iron in this way partially on account of the circumstances attending my first case, which pointed the way, and partially from the fact that I have often availed myself of gynæcological instruments in obstetric practice, and agree fully with the opinion expressed by my friend Dr. Skene, in his paper read before the Boston meeting of the American Gynæcological Society—"The Principles of Gynæcological Surgery Applied to Obstetric Operations."

Uses of Oil of Turpentine.—Dr. James Foulis communicates to the Edinburgh *Medical Journal* an article with this caption in which he lays particular stress on turpentine as a disinfectant and parasiticide. He says:

In June 1876 a lady, a patient in private practice, was under treatment for obstruction of the bowels, caused by adhesions between the colon, and a malignant tumor of the left kidney. After great suffering for some days the bowel burst, and the lady died of peritonitis. Three days after death I performed a post-mortem examination. On my way to the house where the dead body lay I bought two ounces of oil of turpentine. I knew there would be a very offensive smell on opening the body. I used the turpentine in the following manner:—Taking off my coat, I tucked up my sleeves to the elbows, and washed my hands and arms thoroughly in the oil of turpentine, and without drying them I at once performed the post-mortem examination. I used the turpentine in this way because I believed that if I could get the epithelial tissues and the grooves in the skin of my hand and arms well occupied by oil of turpentine, there need be little fear of the absorption of the putrid animal substances with which my hands came in contact. The abdominal cavity of the body was full of stinking peritoneal fluid mixed with fæcal material from the burst colon—certainly a test case for the oil of turpentine. When I had finished the examination of the body I washed my hands and arms in hot soap-and-water. When I left the house there was not the faintest trace of disagreeable smell about them, and none was perceived even some hours afterwards, when the hands become warm.

In all dead bodies, such as we have to deal with in the post-mortem rooms, and in the dissecting rooms, it appears that the fat is one of the first tissues to undergo decomposition. It gets rubbed into and absorbed by the epithelial tissues of the skin, and I suppose it fills up the minute grooves or furrows which exist naturally in the skin. To effectually remove these putrid fatty substances we require a solvent for them which we can use freely, just as we use water. Oil of turpentine most effectually removes all such putrid fatty or greasy materials, whereas watery solutions have but little effect on them.

Since the above case in which I first used turpentine as a means of disinfecting my hands, I have used it very extensively, and many friends, at my suggestion, have also used it with equally satisfactory results.

The manner in which I now use the oil or spirit of turpentine is as follows:—Before handling any dirty material, such as a dead body, or other offensive substance, I generally give the hands a wash with the oil, so as to occupy the pores of the skin with it. Oil of turpentine is not greasy, or else there would be danger of the knife slipping in our hands when using it. After the work, whatever it may be, is completed, the hands are well washed in oil of turpentine, using a nail-brush to scrub the fingers, and, if need be, the whole hand. Hot soap-and-water then removes all the turpentine from the hands. A delightful terebene smell is given off, I suppose by the action of the soap on the oil of turpentine. To complete the disinfection the hands may afterwards be washed in a 1-40 solution of carbolic acid. I must warn you against washing the hands in soap-and-water *before* using the oil of turpentine. This latter should always be used first, so as to dissolve out the fatty materials which the watery solutions will not touch. The non-fatty materials may then be removed by soap and water. To gynæcologists, to anatomists, and to pathologists, oil of turpentine ought to be of great service as a means of cleansing the hands and the various instruments which they require to use.

I think it but fair to state that, as far as I know, I was the first to introduce it in Edinburgh for the purposes just described. It has been so useful in my hands that I am anxious to recommend its use to all who are not yet acquainted with its great value as a disinfectant. Fortunately it is very cheap, and may

be obtained everywhere. The common oil of turpentine is what I generally use.

I have referred to the use of oil of turpentine as a parasiticide in skin diseases. Many years ago I used it as a means of killing small insects. During the last year "ring-worm" of the scalp has been very common in Edinburgh, and no less than seventeen cases in private practice have come under my treatment. The last five cases I treated with oil of turpentine in the following way:—I got a basin of hot soap-and-water. I made my patient hold his or her head over this, and then I poured a little oil of turpentine on all the affected spots. Directly the oil of turpentine begins to smart, as it does after a few seconds, the head is well washed with the hot soap-and-water, rubbing in the soap, which seems to have the power of neutralizing the turpentine. One application of the turpentine in this way is generally sufficient to kill the disease.

Tinea capitis is a parasitic disease, and its spores impregnate and split up the hairs on a level with the scalp. The hairs break off, leaving the affected spots almost quite bald, the broken stumps of the hairs being saturated with the spores of the microphyton tonsurans.

Now, it struck me that oil of turpentine would be an excellent application in this affection for two reasons: 1st, because of its power of dissolving out the fatty secretions which surround the hairs at their roots; and 2d, because of its power of destroying the lower forms of life. It certainly kills the parasite of this particular disease, and seldom have I had to apply oil of turpentine more than once to any affected spots. I did not know until last night that it had been used in parasitic affections of the scalp, but in the *United States Dispensatory* for 1879, page 645, the following sentence occurs:—"Oil of turpentine is thought by Professors Von Erlach and Lucke of Berne to be peculiarly efficacious in parasitic affections of the scalp, by destroying the parasites and preventing the development of their spores." I am glad that I have been able to support these statements, as far as ring-worm is concerned.

I have not had an opportunity of trying oil of turpentine in pityriasis, but I think it would be as successful in treating that disease as in many other parasitic skin affections.

Glycerine in the Treatment of Flatulence, Acidity, and Pyrosis.—Drs. Sydney Ringer and William Murrell write, in the *Lancet*, for July 3, 1880:

An old gentlemen, who for many years suffered from distressing acidity, read in a daily paper that glycerine added to milk prevents it turning sour, and he reasoned thus: "If glycerine prevents milk turning sour, why should it not prevent me turning sour?" and he resolved to try the efficacy of glycerine for his acidity. The success of his experiment was complete, and whenever tormented by his old malady he cures himself by a recourse to glycerine. Indeed, he can now take articles of food from which he was previously compelled to abstain, provided always that he takes a drachm of glycerine immediately before, with, or directly after his food. He recommended this treatment to many of his friends—sufferers like himself—and one of these mentioned the above circumstances to us.

We have since largely employed glycerine, and find it not only very useful in acidity, but also in flatulence and pyrosis and that it sometimes relieves pain. We meet with cases where flatulence, or acidity, or pyrosis is the only symptom, but more frequently these symptoms are combined. Some patients rift up huge quantities of wind without any other symptoms than depression of spirits; in others we get flatulence and acidity, one or the other predominating; and we meet with others who suffer from acidity, and also pyrosis. In all these various forms we find glycerine useful and in the great majority of cases very useful. We do not mean to say that in all cases it is superior to other remedies for these complaints; indeed, in several instances it has only partially succeeded, where other remedies at once cured. On the other hand, in some cases glycerine speedily and completely succeeded, where the commonly-used remedies for acidity and flatulence completely failed. We do not pretend to estimate its relative value to other remedies; we are only anxious to draw attention to its virtues.

Gas is in some instances formed in the stomach in others in the large intestine, in some patients in both. Our observations were made on stomach flatulence, and as glycerine is so readily absorbed we should hardly expect that it would influence the formation of wind in the colon, except given in large doses, and when it acts as a slight laxative, and so expels the putrefying mass which forms the wind.

In some cases it removes pain and vomiting, probly, like, charcoal, by preventing the formation of acrid acids, which irritate delicate and irritable stomachs.

We suggest that it acts by retarding or preventing some forms of fermentation and of putrefaction. M. Mekulics shows that glycerine prevents putrefaction of nitrogenous substances, as of blood diluted with water, which speedily decomposes at the ordinary temperature of the air. Two per cent. of glycerine retarded decomposition for twenty-four hours; 10 per cent., for five days. If the fluid were placed in the hatching oven, then 2 per cent. retarded decomposition for several hours, 10 per cent. for forty-eight hours, and 20 per cent. altogether prevented putrefaction. He also proves that glycerine destroys bacteria and prevents the formation of septic poison, though it will dissolve and preserve the septic poison itself.

Dr. E. Murk finds that 2 to 3 per cent. will delay lactic fermentation in milk for eighteen to twenty-four hours.

Burnham Wilmot, 1860, says glycerine preserves meat so that after several months' immersion the meat is sweet and can be eaten; and Demarquay proves that both animal and and vegetable substances may be kept for six weeks to two months by glycerine.

Glycerine, however, does not prevent the digestive action of pepsin and hydrochloric acid; hence, while it prevents the formation of wind and acidity, probably by checking fermentation, it in no way hinders digestion. We administer a drachm to two drachms either before, with or immediately after food. It may be given in water, coffee, tea or lemon and soda water. In tea and coffee it may replace sugar, a substance which greatly favors flatulence, as, indeed, does tea in many cases. In some cases a cure does not occur till the lapse of ten days or a fortnight.

Administration of Phosphoric Acid.—Dr. Wm. Pepper in the *Phila. Medical Times:* I have for several years been using phosphoric acid internally in a large number of cases. The medicinal properties that are usually assigned to this drug are those of a tonic to the digestive organs and to the nervous system. It is usually administered in the form of dilute phosphoric acid, alone or in combination with some other tonic, such as quinia, tincture of the chloride of iron, etc.

After having satisfied myself that it is a remedy of very great value in suitable cases, I was led to consider its administration in conjunction with other substances by noting the large extent to which I found the preparation termed Horsford's acid phosphate used in this community without prescription from any physician.

I found, on inquiry, that this preparation, the formula of which is published in the paper accompanying each bottle, contains the following ingredients in each fluidrachm:

℞ Acid. phosphor. (free),.....grs. vss
Calcis phosphat.,.....grs. iij
Magnesii phosphat.,.....gr. ss
Ferri phosphat.,.....gr. 1-6
Potassii phosphat.,.....gr. ¼

It is a liquid of an intensely sour taste, with scarcely any appreciable trace of the taste of iron, and, when very freely diluted with water, is not an unpleasant dose. Many patients, however, complain of its intense sourness, and in the dose recommended by the makers (f ʒ ss) it quite frequently causes irritation of the stomach and looseness of the bowels, on account of the large proportion of phosphoric acid contained.

As each fluidrachm contains five and one-half grains of free phosphoric acid, which is equivalent to sixty-six minims of dilute phosphoric acid, the ordinary dose of a half-teaspoonful of the acid phosphate contains the equivalent of thirty-three minims of dilute phosphoric acid,—an amount which is more than will be readily tolerated by many stomachs. In addition, it is clear that the quantities of phosphates of magnesium, iron, and potassium present in half a teaspoonful of the "acid phosphate," namely, grain one-fourth, one-twelfth, and one-eighth, respectively, are too minute to produce decided therapeutic effects. In very many of the cases, however, where phosphoric acid is indicated, efficient doses of these associated phosphates would also be desirable.

Despite these defects, I ascertained that Horsford's acid phosphate had been used with such good results as to suggest the desirability of an analagous preparation more in accordance with the views above expressed. I therefore requested Henry C. Blair's Sons, the well-known apothecaries of this city, to compound for me the two following formulæ:

First.—Liquor acidi phosphorici comp. (with iron).

℞ Calcis phosphat.,.....grs. iij
Magnesii phosphat.,.....gr. ss
Potassii phosphat.....gr. ¼
Ferri phosphat.....gr. ½
Syrupy phosphor. acid,.....♏ vi⅜
Aquæ, q. s. ft..... f ʒ j

Second.—Liquor acidi phosphorici (without iron).

℞ Calcis phosphat.,.....grs. iij
Magnesii phosphat.,.....grs. ij
Potassii phosphat.,.....grs. jss
Syrupy phosphor. acid,.....♏ v
Aquæ, q. s. ft..... f ʒ j

After various trials, they have prepared these formulæ in permanent and eligible forms.

It will be observed, in the first place, that the amount of phosphoric acid is somewhat less than that contained in Horsford's acid phosphate, as the syrupy phosphoric acid used in the preparation of these formulæ is about sixty per cent. the strength of glacial phosphoric acid; so that the compound solution (No. 1) contains the equivalent of about forty-five minims of the dilute phosphoric acid in each fluidrachm, and the simple solution (No. 2) contains the equivalent of about thirty-six minims of dilute phosphoric acid in the fluidrachm. The amount of iron in the one, and of the other phosphates in the second solution, are such that while the chief action of these preparations would, of course, be due to the phosphoric acid, the associated elements may be expected, even in moderate doses, to produce some appreciable effect.

I have used these two solutions lately with very satisfactory results, and I incline to think they deserve an extended trial.

Analysis of a Secret Cancer Plaster.—Dr. Edmund Andrews communicates the following to the *Chicago Medical Review:*

A person living not a thousand miles southwest of Chicago, treats such patients as he can convince that they have cancers, as follows: He applies a caustic plaster for six hours, producing a white eschar. Removing the plaster he poultices the spot for twelve hours, and then applies the plaster for six hours more. In this way the cautery is gradually deepened, and the eschar turns black and begins to separate from the living flesh. When he judges the action to be sufficient, he ceases the use of the caustic until the slough drops out, when, if any suspicious points remain, he reapplies the remedy. The incompleteness of the work, however, is manifest by the

large proportion of cases where the disease reappears in the same spot.

Some of his caustic having fallen into my hands, I gave it to Prof. M. P. Hatfield for analysis. The material was in the form of a brown paste, which, on close inspection, consisted of a fine brown powder imperfectly mixed with a transparent or translucent paste containing the caustic. Applied to the raw surface of a cancer, I found it to turn it white and to produce an eschar. Prof. Hatfield found the active principle to consist simply of chloride of zinc. A faint trace of iron was present as an impurity, and the coloring matter was a vegetable powder.

The quack claims almost miraculous powers for his secret plaster of cloride of zinc, and finds a considerable number of dupes to employ him.

The moral of this tale should be pondered by surgeons. The general horror of the knife is natural, and is so decided that many minds cannot calmly face it, even with the promise of ether. Such patients will gladly endure great pain from a caustic if they can be spared the thought of the cruel steel. A mental pain is as real as a physical one and harder to bear. Would it not be really humane in properly selected cases to use caustic more than we do, making up for their clumsiness by attention and determined persistence, so as to be thorough in the extirpation ?

Esmarch's painless caustic powder might serve in some cases, and chromic acid, used while the patient is under the influence of morphine, would serve a quick turn in others.

Esmarch's painless powder is prepared after the following formula :

℞	Arsenious acid,.....	1 part.
	Sulph. morph.,.....	1 part.
	Calomel,.....	8 parts.
	Pulv. gum Arabic,.....	48 parts.

Mix.

Sprinkle thick every day on a surface either raw or denuded of cuticle by a blister.

The Probable Cause of Some Forms of Globus Hystericus.—Dr. Richard C. Brandeis, of New York read a paper on this subject before the late meeting of the American Medical Association. The author proceeded to enumerate the different symptoms noticed in the various forms of globus, and dwelt upon the fact that this affection was as frequent in females of the lower as in those of the higher classes. The commonest form is attended by a sensation of a ball or lump in the throat. The larynx is most commonly the seat of the distressing sensation, but sometimes the pharynx and œsophagus are also affected; when this is the case, the patient may be unable to swallow food or drink. In the more marked cases every ingestion is followed by a regurgitation, and this is attended with a spasm of the glottis and dyspnœa, owing to the irritation of the peripheric sensitive nerve-fibres of the pharynx, which is reflected to the pneumogastric nerve at its origin, the floor of the fourth ventricle, and is then communicated to the gastric and recurrent laryngeal branches of this nerve. Uterine and spinal affections are also frequent causes of this chain of symptoms.

In some cases, however, no neural cause can be discovered, and every form of constitutional treatment will fail. Dr. B. has observed many cases in which all the symptoms of globus hystericus may be attributed to a local cause, and that is irritation of the epiglottis. This is generally due to an enlargement of the papillæ circumvallatæ, situated at the base of the tongue, which may assume such a size that the movements of the epiglottis are interfered with, owing to the fact that it is firmly held by the enlarged glands. If the epiglottis is extricated from its confinement, these symptoms will disappear, but may return if the enlarged papillæ are not destroyed. This may be done by means of caustic applications, the knife, or the galvano-cautery, care being taken that the delicate epiglottis itself is not interfered with. In no case in which the papillæ were removed was there a return of the symptoms.

A Palatable Solution of Salicylic Acid.—Dr. Flexner, of Louisville, recommends the following combination :

℞	Salicylic acid.....	ʒ j–ʒ viij.
	Citrate of potash.....	ʒ ij.
	Glycerine.....	ʒ viij
	Simple elixir qs. ad.....	Oj.

The citrate of potash is to be dissolved in the glycerine by the aid of a gentle heat, after which the acid is to be stirred in and a gentle heat maintained until it is completely dissolved. On cooling simple elixir is to be added to bring it up to the required measurement, after which the solution is to be strained. It contains five grains of salicylic acid to the drachm, and is miscible in all proportions with water without the separation of any acid.

To Whiten Red Noses.—Menyl is the name of a secret preparation to bleach red noses. It has been examined and found to consist of a liquid containing benzoic acid, salicylic acid and thymol, and a powder composed of oxide of zinc, French chalk, and a trace of carbolic acid. It is evident that the discoverer of menyl thinks the red color of the nose to be due to a beginning of decomposition, since all the aromatic antiseptics enter into the preparation of his nostrum.—*Buffalo Journal of Chemistry.*

Obstinate Hiccough Cured By Muriate of Pilocarpine.—Dr. Ortille reports: "As the singultus persisted even during the sleep produced by morphine injections, and the strength of the patient was becoming greatly reduced, a hypodermic injection of half a grain of pilocarpine was at last administered. This produced abundant perspiration and salivation, and the hiccough ceased at once.

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

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Editorial.

Cruelty to Women.

It probably no longer admits of a doubt that the female portion of humanity is subject to manifold abuses and neglects through the accident of her sex. This is strange, and is accountable for only on the ground that man has not yet reached that high plane of development which teaches that 'tis excellent to have a giant's strength, but tyrannous to use it as a giant. Woman is the weaker vessel, physically and mentally, and, therefore, is she imposed upon. This is a part of the plan of nature, and man with all his intelligence has not yet risen superior to it.

There has, however, always been an impression abroad that the American male biped was more considerate of the "weaker vessel" than his English progenitor and this country is, indeed, regarded by most foreigners as a sort of female elysium. Possibly our men are kinder to women than are the men of other countries, but it is also possible that there is something in the ideas, tastes and capabilities of our women which has given rise to this impression.

As an instance of the latter supposition we would refer to the different views the English and the American women severally entertain on the subject of seats for the young women serving in shops. The London *Lancet* has lately been devoting considerable space to what it regards as the interest of the girls in this matter, and says that this class in England are suffering incalculable injury from their being obliged to stand during the day instead of being allowed to sit. Its championship has encouraged a shop girl to express herself on the subject, which she does thus pointedly:

"I have watched with much interest and anxiety your continued appeals on behalf of shopwomen, for whom, as one of them, I beg to express our grateful thanks, and to assure you how much we appreciate your efforts for us. It appears that our employers do not recognize the necessity of providing seats, but even if they do so under pressure, I am quite convinced it would in most cases be a mere farce, for we should never be permitted to use them; and, indeed, in ordinarily busy times the duties behind the counter are of such a nature as to make it almost impossible that there can be any sitting down. It seems as if nothing can really help us save the strong arm of the law. Let medical men (as being the best judges) decide how many hours a woman may daily stand without serious injury to health, and then let the law say that no woman shall be compelled to exceed those hours. This will give us the power to protect ourselves, a power we do not now possess; for, alas, we are too many. The difficulty lies not in finding assistants, but in their finding employment; and were our duties made heavier instead of lighter, there would still be no lack of 'hands.' I can speak from experience of the ill effects of long hours of standing. Some time since I was compelled to seek advice. The doctor whom I saw, most kindly without fee or reward, or solicitation on my part, called upon my employer to explain the absolute necessity of my being allowed to sit down as frequently as possible. in order to avoid being laid up altogether. This was stated to be *quite impossible, as others would expect the same privelege.* (The italics are our own.) It was then proposed that I should be allowed two hours' rest in the middle of the day. After most strongly and persistently urging my case the doctor was victorious, and I have indeed reason to thank him daily for this 'rest,' which has no doubt saved me from an illness. There are, perhaps hundreds of poor girls who need this rest as much as I did."

An investigation into the effect on shop girls in New York from their constant standing in the large establishments of that city, shows that the young ladies do not regard the lack of seating accommodation as so much of a hardship as their English sisters. In the summer of 1877, Dr. Roger S. Tracy was appointed by the N. Y. Board of Health to look into this matter, and he submitted his report a short time ago. He says in this:

"In compliance with this request I began such an investigation, but met with difficulties of such an unexpected and apparently insuperable nature that I was forced to abandon it after procuring, with a great expenditure of time and trouble, the apparently unimportant statements embodied in this report." To avoid the anticipated failure of personal questioning in regard to such forms of disease as might be expected to result from the occupation of shop-girls, circulars were prepared containing questions which were sent to the owners of stores and factories where large numbers of young women were employed. Another set of circulars was put into the hands of the young women themselves. The result, which might also, perhaps, have been anticipated, was eminently unsatisfactory. The employers, even when visited in person, invariable found some excuse for not filling out the circulars; and the answers of the girls, as received were irrelevant or jocose, giving the impression that they regarded the inquiry either as impertinent, or as calculated to bring them into trouble with their employers.

Any real information obtained was by conversation with the employers. The hours during which young women are required to be at their places in the large establishments in New York are from eight A. M. to six or seven o'clock P. M., with half an hour for luncheon, and in some places two hours "off"

twice a week. By some employers the apparent debility and weariness of the girls was attributed to bad food and insufficient sleep; to evenings spent at parties, picnics, and balls, and luncheons of cake, pie, and pastry from the neighboring confectionery instead of wholesome food from home. Others attached less importance to the influence of improper food and insufficient sleep, and stated that there was very little sickness among their saleswomen, but that their cashiers, who had to sit all day, were constantly breaking down, and that they were consequently considering the propriety of substituting men for the women thus engaged."

Dr. Tracy then called upon some saleswomen at their homes, and questioned them and their parents. He met, however, with no encouragement, and was obliged to abandon this method also. Seven of the girls visited by him who are compelled to stand all day considered themselves in very good health, with the exception of occasional pains in the feet; one felt better when at leisure, and another had abandoned one place because she had to many holidays. In so far as this testimony has value, it merely shows the difficulty of collecting any which is reliable.

As a last resort, Dr. Tracy, sent out circulars from the office of the Board of Health to forty different houses, with blanks for the desired information. Not one came back, though all were accompanied by stamped envelopes. The dispensaries were then visited, but it was found that no record of the occupation of the female patients was kept. In conclusion, Dr. Tracy says: "This was my last attempt to obtain the facts I was in search of. There seemed to be no other available source of information, and so after many months spent in these fruitless inquiries I was forced to abandon the investigation."

Michigan College of Medicine.

The first regular session of this College was opened on Tuesday evening the 7th inst. The opening address was given by Prof. William Brodie, and consisted of a resnmé of the history of medicine from the date of the earliest records down to the present time. Other addresses were made by the President of the Faculty, Prof. H. F. Lyster, and Professors Yemans and Mulheron, the burden of whose remarks was medical education, and the demands of the profession on the medical colleges of the Country in this regard.

This new school opens under very exceptional auspices. There were registered on the evening of the opening upwards of fifty students, and this notwithstanding the fact that the session opens a month earlier than that in the majority of the schools of the country. Students will doubtless keep coming in until the first of October, and the prospects are for a very large class, considering that this is the first session.

The encouragement which the profession has given this new school is an evidence of great interest in the cause of a higher standard of education. The success of the Michigan College of Medicine should be sufficient to decide those timid schools who are still lingering on the brink afraid to take a departure from the low standard which has heretofore obtained. The profession can be trusted in this matter and can be depended on to lend their influence to such advancement.

Absence from the post of duty on a short "outing" until the usual day of publication is our excuse for delay in the issue of this number of the NEWS, as it is also for the other possible shortcomings of the number.

Miscellany.

A CRUCIAL TEST HOMŒOPATHIC MEDICINES.—In the New York *Homœopathic Times* for March, 1880, is an account of a series of experiments instituted for the purpose of testing the effects of the thirtieth dilution of the tincture of aconite. The project was set on foot in Milwaukee by a homœopathic society and carried out with great care. In the words of the originators, "the object of this test is to determine whether or not this preparation can produce any effect on the human organism, in health or disease." "A vial of pure sugar pellets, moistened with the thirtieth Hahnemannian dilution of aconite, and nine similar vials moistened with pure alcohol, so as to make them resemble the test pellets," were given to the prover, who was not to know which of the ten vials contained the aconite. The vials were numbered from one to ten, and the prover was to administer them to individuals, sick or well, and to detect by the effects which of the vials contained the medicine. It was provided that "the provers must be physicians of decided ability, who possesse a good knowledge of the recorded symptomatology of aconite, and who have faith in efficacy of the thirtieth dilution." The project was widely announced, and the ten vial package was sent to each of twenty-five homœopathic physicians applying for them, scattered over a dozen different States. To guard against all possible fraud or trickery, the Rev. Geo. T. Ladd, Professor of Mental and Moral Philosophy in Bowdoin College, Maine, was selected to distribute the vials to applicants, and to receive reports from them.

Now, all this was not only decidedly fair, but it was highly creditable to those who ventured on an experiment involving so much peril to a favorite theory. One looks to the result with much interest. The result so far as it has transpired, appears in the report of Mr. Ladd, which was not made until after the date allowed for the returns from the provers. By his report it appears that only nine of those gentlemen ventured on any answer whatever. Mr. Ladd's report is thus summarized in the general report made to the Milwaukee Academy of Medicine —the body which originated the project—and signed by Samuel Potter, M. D., President, and Eugene F. Storke, M. D.. Secretary :

Number of tests applied for and sent out..... 25.
Number of tests which have been reported on.. 9.
Number of tests in which the medicated vial was found.... .... 0.

Be it remembered that these statements do not come from the opponents homœopathy, but from its own adherents, and not from a local or partial source, but from a select body representing the more intelligent portion of the sect. We have never met with any evidence more damaging to homœopathy. True, the blow strikes only at the infinitesimal phase of the system, and not at the dogma of *similia similibus;* but it is also true that the head and front of homœopathy is the unphilosophical, unscientific, and absurd doctrine of potentization, and not the theory implied by its title.

Making Profits out of Human Weakness.—The *Scientific American* has the following interesting remarks on this subject:

It is not only among lawyers that a certain class is found who induce quarrelsome or avaricious people to go into lawsuits by telling them they are right and must seek redress by law. They do this only for the purpose of obtaining their professional fees, in place of giving them the honest advice to settle amicably, by mutual agreement, as *in nine cases out of ten would be far better.*

We find the same class of men among doctors, who, when people mention some slight ailment, make them believe that they are sick, or soon will be very sick if they do not take a certain course of medical treatment which they will prescribe. They also do this for the purpose of obtaining a professional fee, in place of giving them the honest advice to fast for one or two days, to take rest, and to stop drinking and smoking, if they are addicted to these vices. *In nine cases of ten this would be far better.*

The lawyer of this class makes the client believe that he has been wronged, and the doctor makes the patient believe that he is very sick. They all have their own profit in view, and play upon human weakness, which, in some individuals, consists in combativeness, in others in imaginary weakness of body, and again, in others, in conceit about their mental accomplishments.

There is no profession in which men can make money out of it by telling people about their weakness of mind. The only mental weakness of which people sometimes complain is defective memory, but they will never complain about defective judgment or defective common sense. This agrees perfectly with what a German physician has lately argued in an essay, that insanity is a blessing, as the insane live in an ideal sphere, which usually is far happier than the reality in the world of trouble through which they have passed and which made them insane. But the fools outside the asylums, which largely outnumber those in confinement, are happy also, while the sensible people have all the cares. How far it is right to attempt the cure of the insane is another question. The German physician referred to considers it an act of unkindness, if not cruelty, to restore the happy lunatics in asylums again to this world of troublesome realities, while we consider the cure of the lunatics out of the asylums an impossibility. Already Solomon had found this out when he said: "Though thou shouldst bray a fool in a mortar among wheat with a pestle, yet will not his foolishhess depart from him."

Death of von Hebra.—The following obituary notice of von Hebra from the pen of the editor of the *Wiener Klinischer Worchenschrift* goes to show both the esteem in which the distinguished physician was held and to illustrate the fact that our phlegmatic brethren are, when they choose, not inapt disciples of the gospel of gush :

Ferdinand von Hebra is no more !—After patiently suffering for months, death has finally released him and closed the career of a genius who will live for all time ; Hebra who introduced a new discipline in our service—Hebra who from a bundle of crude empiricisms has raised a structure of solidity and beauty, and who breaking from the inherited prejudices of former generations understood how to found a school of dermatology whose pupils are spread over the entire world, who could secure recognition for his teachings as far as the art of healing is known, and who has earned the gratitude not only of humanity but of his co-laborers in that field.

Ferdinand von Hebra is no more ! With tearful eyes may the Vienna alma mater stand at his bier—an illustrious member of the celebrated old school of Vienna, he follows, all too soon, Schuh, Oppolzer and Rokitansky, with whom he taught, labored, investigated, created, and the power which has snatched him from the living has made an irreparable breach in the ranks of scientists, not only in those of Vienna or Germany alone—no, his work belonged to the whole world, and his death will be lamented by all, though it touches first those who stood nearest to him, who were witnesses of his unremitting industry, of his memorable teachings, his amiability and activity as a physician, and last but not least, his truly noble character, which made him the best of men and the truest of friends, though we ourselves find it incumbent on us to impart to the world, the sad news—Ferdinand von Hebra is no more ! Still his name lives on, surrounded by the glowing effulgence of the immortal, von Hebra will live in the remembrance of his works and deeds, his monument will stand in a thousand places—the science of which he is the father, and the remotest future generations will mention his name with the profoundest veneration that men can entertain for the great of their race. Ferdinand von Hebra has departed, but is not dead.

Raw Oysters.—The following from Dr. William Robert's late series of lectures on the Digestive Fer-

ments is all the more timely from the fact that the bivalve season has just opened:

The practice of cooking is not equally necessary in regard to all articles of food. There are important differences in this respect, and it is interesting to note how correctly the experience of mankind has guided them in this matter. The articles of food which we still use in the uncooked state are comparatively few; and it is not difficult in each case to indicate the reason of the exemption. Fruits, which we consume largely in the raw state, owe their dietetic value chiefly to the sugar which they contain; but sugar is not altered by cooking. Milk is consumed by us both cooked and uncooked, indifferently, and experiment justifies this indifference; for I have found on trial that the digestion of milk by pancreatic extract was not appreciably hastened by previously boiling the milk. Our practice in regard to the oyster is quite exceptional, and furnishes a striking example of the general correctness of the popular judgment on dietetic questions. The oyster is almost the only animal substance which we eat habitually, and by preference, in the raw or uncooked state, and it is interesting to know that there is a sound physiological reason at the bottom of this preference. The fawn-colored mass which constitutes the dainty part of the oyster is its liver, and this is little else than a heap of glycogen. Associated with the glycogen, but withheld from actual contact with it during life, is its appropriate digestive ferment—the hepatic diastase. The mere crushing of the dainty between the teeth brings these two bodies together, and the glycogen is at once digested, without other help, by its own diastase. The oyster in the uncooked state, or merely warmed, is, in fact, self-digestive. But the advantage of this provision is wholly lost by cooking, for the heat employed immediately destroys the associated ferment, and a cooked oyster has to be digested, like any other food, by the eater's own digestive powers.

Greek as a Compulsory Subject of Preliminary Examination for Medical Students.—At the late session of the General Medical Council, of Great Britain, a motion was made that Greek be included among the compulsory subjects of preliminary examination for medical students. Fortunately, as we think, it did not prevail. The sentiments of the *Louisville Medical News* touching this question are ours: "'In bad English eulogize the Greek,' sang Saxe; but we are delighted to see that when it comes to the 'good English' who represent the Medical Council of Great Britain, they don't do it so far as physic is concerned. It was remarked by one of the gentlemen that 'Greek would be cultivated for its own sake.' That is a broad enough bottom for it to stand on, and there is no danger of its perishing. We have an occasional 'Dr. Haughton' in this country, but we are glad to think that there are not many who represent his extreme views on the question of Greek. The old saying about 'who shall watch the watchmen,applies with wonderful force to medicine. Profound general education is not common even in the highest ranks—not perhaps even among those who are loudest in their demands for impossibilities in preliminary education. Heaven and the several faculties know that the average American medical student is not overloaded with antecedent lore. We wish greatly for him to be improved in this respect. Meanwhile we would not slay him with Greek—we would commence mildly with fair spelling."

Learning Versus Common Sense.—Democritus long ago drew an emphatic distinction between learning and wisdom. Learning consists of knowledge acquired mainly from books, and often its possessor is developed by its acquisition only in his perceptive and retentive faculties. Though his memory may be a vast storehouse of useful facts and brilliant second-hand ideas, yet, owing to a judgment originally weak and only partially trained to discriminate, he may be the most inconsequent and uncertain of reasoners. Wisdom, on the contrary, is the outgrowth of native sagacity, sound judgment, wary discretion—in a word of good common sense, and yet of common sense acting under the enlightenment of more or less knowledge. Thus wisdom makes a man a true seer. He not only sees and grasps the best means to accomplish an end, but he instantly sees and selects the highest and best ends as the objects of his aim and life. Regarding learning and knowledge as the same thing, we may conclude with Cowper that

> Knowledge and wisdom, far from being one,
> Have oftimes no connection.

The paradox is, therefore, not unfrequently met of learned physicians who are destitute of skill as practitioners, of learned orators who are wretched statesmen, of learned linguists who are little better than fools, and finally of learned theologians who are the worst possible interpreters of the oracles of God.

Peripheral Uterine Lesions *vs.* Sclerosis.—The following has been received from Dr. Ephraim Cutter, No. 5 Somerset St., Boston. We submit the question to the readers of the News and trust that any who may be in possession of facts bearing on it will communicate them to Dr. Cutter. The doctor informs us that he has collected a considerable fund of positive information, which Dr. Caldwell will utilize in his paper:

"In 1875 Charcot published a case of Sclerosis of a hysteric patient giving an impression that peripheric uterine lesion could produce central spinal lesion. Is this so? I regard hysterics as one if the reflex uterine neuroses and traceable to local uterine lesion. If this is true the broad question is momentous. Do peripheral uterine lesions cause sclerosis? Dr. J. J. Caldwell, of Baltimore, Md., at my instance is engaged in writing a paper on this. I have promised him to apply for your opinion as au horitative. Please reply since I have already opinions from Erb and Beard."

Drunkenness and Suicides.—From statistics collected by a director of an asylum for drunkards in Germany, the number of suicides has lately increased in every country in Europe except Norway. In Norway there has been an average of nine per cent. fewer cases of suicides during the last ten years than in any preceding ten years—a fact which the German writer attributes to the stringent regulations against drunkenness in force there. In most German countries the suicides have increased from ninety to one hundred per cent. For each million of inhabitants there are, on an average, every year in Saxony three hundred cases of suicide, in Denmark two hundred and eighty, in Wurtemburg one hundred and eighty, in Mecklenburg one hundred and sixty-seven, in Baden one hundred and fifty-six, in Prussia one hundred and thirty-three, in Austria one hundred and twenty-two, in Bavaria one hundred and three, in Sweden eighty-one, in Belgium seventy-three and in Norway forty.—*Med. Times and Gazette.*

The Proceedings of the medical Society of the County of Kings "proliferates" the following:

A special committee, in a report on medical matters to the Supreme Lodge, Knights of Honor, say that among the certificates of death we found a death recorded as caused by 'organic duodenum of the heart,' a peculiar form of cardiac disease of which your committee have no knowledge; one caused by 'dysphagia, on account of closing the glottis,' and we are left to conjecture whether or no it was done voluntarily, by due process of law, or a dispensation of providence; another was caused by 'congestion of the brain and falling from a building'; the primary cause of death we are unable to determine; another, in a little more than three months after initiation, died of the following onslaught of maladies: "inflammation of neck of the bladder, acute bronchitis, pleuro-pneumonia, inflammation of the left ear, nephritic trouble and functional cerebral trouble.' 'Trouble' enough to kill an entire Lodge."

The September number of the *North American Review* contains seven articles. The first is the initial paper by M. Charnay on "The Ruins of Central America." This article is illustrated from photographs, which aid materially in the study of the text. Following this article is one on "The Perpetuity of Chinese Institutions," from the pen of S. Wells Williams. Gen. John W. Clampitt, the surviving member of Mrs. Surratt's counsel, writes upon "The Trial of Mrs. Surratt." The author sincerely believes that Mrs. Surratt was innocent of the crime for which she suffered death, and expresses himself feelingly. "The Personality of God" is treated by the metaphysical writer, W. T. Harris. R. B. Forbes gives some valuable suggestions in reference to "Steamboat Disasters." The Rev. Edward Everett Hale follows with a paper upon "Insincerity in the Pulpit," that will hardly fail to draw some protests from his brother clergymen. The number closes with a review of several recent works on the Brain and Nerves, by Dr. George M. Beard.

Death has, during the past summer, been aiming at the shining marks in the medical profession. First it took Alfred Swaine Taylor, of London, the author of "Poisons" and "Medical Jurisprudence," in his 74th year. Then Paul Broca, Senator and Professor of Clinical Surgery in the Paris Faculty, who first accurately localized the centre of the faculty of speech—the posterior part of the third left frontal convolution; he died at the age of 56. Ferdinand von Hebra is now reported as having succumbed to nature's stern decree. Hebra is known principally in connection with his labors as a dermatologist.

The *College and Clinical Record* says that within a few days past the Board of Health of Philadelphia made inquiries as to the professional status of the signer of a death certificate presented to it, in which the cause mentioned was "Collery fantem." The result showed that this was a bad spell of cholera infantum. The author of the certificate proved to be one of Buchanan's medal graduates, who had purchased from that notorious individual the licence either to kill or to cure, as fate or accident might decide, for the sum of fifteen or twenty dollars.

An "Enquirer" writes: "Dr. Jones is the family physician of Mrs. Jenks. Mrs. Jenks is taken in confinement, and Dr. Jones cannot be reached. Dr. Thompson is called in, and when the case is almost completed Dr. Jones comes in. Now, according to the "Code," who should have the case?"

The Code does not fully cover this case, although the usages of the profession give the patient to him who first makes the examination, subject, however, to the wish of the woman. If Mrs. Jenks, unsolicited, expresses a desire for Dr Jones, Dr. Thompson owes it to her, whose interests are paramount, to gracefully withdraw.

According to the reports they have about as close a "corner" in doctordom in Maine as they have in pork in Chicago. One law forbids a man practicing medicine without having dissected. Another forbids his dissecting any but criminals. A third has abolished capital punishment. So that the number of doctors is limited to the number who happen to die in prison. Longevity there, it is said, is becoming absolutely appalling—to the undertakers.

The *Boston Medical and Surgical Journal* reports the death of "Dr. Henry Morse Bradford, of New York, son of the eminent obstetrician Dr. Gunning S. Bradford, who died ten years ago, and brother of Ex-Judge Bradford." Dr. Gunning S. Bradford! Oh ye gods, and is this fame! But Dr. Bedford had the misfortune not to be a Boston man, and, therefore, it matters little whether it is "Bradford" or Bedford."

Out of 38 boys between the ages of 9 and 15 who were in the habit of smoking, an English physician found 22 who suffered from various disorders of the circulation and digestion, palpitation and a more or pronounced taste for strong drink.

The police of Brooklyn, as shown by the criminal statistics, arrested during last year 25,706 persons. Among these one was a clergyman, eight were artists, six actors, two custom-house officers, eleven undertakers, and (shades of Blackstone !) *forty-seven* lawyers. Among the lot there was not one physician, which fact speaks volumes for the morality of the profession.

Dr. Farron, a graduate of the Uuiversity of Michigan of ten years' standing, was drowned while fishing at his home, Orinoco, Minnesota, on the 23rd day of June last. He had allowed his boat to get into the current and was carried over the mill dam. His loss was keenly felt in the community where he was highly respected, and was a successful practitioner. He left a wife and four children.

A man went into a Galveston dentist's office to have some teeth extracted. He had taken a large drink of brandy as an anæsthetic, before going in. The dentist retired to another room and came back with a revolver and bowie knife strapped on his person. "When a man's breath smells of emotional insanity as your does," said he, "I am not going to exasperate him unprepared."

Book Notices.

Treatise on Therapeutics. By A. Trousseau and H. Pidoux. Ninth edition, revised and enlarged with the assistance of Constantine Paul. Translated from the French by Dr. D. F. Lincoln. Volume II.
New York: William Wood & Co.

A Treatise on the Common Forms of Functional Nervous Diseases. By L. Putzel, M. D., Physician to the Clinic for Nervous Diseases, Bellevue Hospital Out-door Department: Visiting Physician for Nervons Diseases, Randall's Island Hospital, etc.
New York: William Wood & Co.

The above are volumes seven and eight, respectively of Wood's Library of Standard Medical Authors for 1880.

We took occasion in noticing Vol. I of Trousseau and Pidoux's Works on Therapeutics to express ourselves as to its merits. The second volume but increases our estimation of the work.

The second of the above books is, it will be noted, by an American author, and one whose opportunities have especially qualified him to treat of the important subject in hand. The diseases discussed are chorea, epilepsy, neuralgia, and peripheral paralysis, which the author regards as purely functional diseases, that is, those in which the disturbance is not attended by any accompanying or antecedent pathological change. It has come to be the fashion under the dominancy which pathological anatomy has exercised during the past quarter of a century to attribute all symptoms of disease to some change in the tissues, and to deny the existence of purely functional disorders. The idea of a functional affection of the heart, for instance, has come to be scouted, and those who make use of the term are accused of doing so to hide their inability to detect existing pathological conditions. The burden of proof, however, lies with those who deny the existence of purely functional disturbances, and as yet they have been unable to demonstrate any change of tissue in the affections of which Dr. Putzel treats of. The author does not deny the existence of such changes, but they must be molecular, and, until they have been domonstrated he, very properly we think, regards the affections as functional, and bases his treatment accordingly. The work is one which will well repay perusal, especially amid the prevalence of nervous affections in these latter days.

Fracture of the Patella. A Study of One Hundred and Twenty-seven Cases. By Frank H. Hamilton, A. M., M. D., LL. D., Visiting Surgeon to Bellevue Hospital; Consulting Surgeon to the Hospital for Ruptured and Crippled, New York; Author of "A Practical Treatise on Fractures and Dislocations," etc., etc. 8 vo. pp. 106. Price $1.50.
New York: Chas. L. Bermingham & Co. Detroit: Thorndyke Nourse.

The profession of this country require no introduction to Dr. Frank Hamilton, and their acquaintance with him is sufficient to guarantee that what he writes may be read with profit. The present brochure is no exception to this rule. There has been considerable discussion of late years on the best method of treating fracture of the patella, and it cannot yet be said that a plan attended with really satisfactory results has been generally adopted. Dr. Hamilton has himself treated fifty-four cases which with the very complete records of other cases treated at Bellevue Hospital furnish him with sufficient material from which to draw conclusions. In the treatment of the cases recorded various methods were pursued: Lonsdale's, Wyeth's, Turner's, Mott's, Malgaigne's hooks, Sir. Astley Cooper's and the author's own method. In three of the cases no union ever occurred, and in all of the cases in which union took place it was fibrous, with some separation. The bond of the union varied in width from one-fourth of an inch, in sixteen cases, to four inches in one case and five inches in another.

A Practical Treatise on Tumors of the Mammary Gland: Embracing their Histology, Pathology, Diagnosis and Treatment. By Samuel W. Gross, A. M., M. D., Surgeon to, and Lecturer on, Clinical Surgery in the Jefferson Medical College Hospital and Philadelphia Hospital, etc. Illustrated by twenty-nine engravings.
New York: D. Appleton & Co. Detroit: Thorndyke Nourse.

This book claims to fill a void in our literature on the subject of tumors of the mammary gland. The deductions are founded on modern histological research and an analysis of sixty-five cases of cysts, and 902 neoplasms, the nature of which has been confirmed by the microscope, and more than one-seventh of which was original. The ground is taken that carcinoma may be permanently relieved by early operations.

The work evinces much original labor and is one which will be conceded to be a very valuable one in its field. It is dedicated to the author's father, Samuel D. Gross, M. D., LL. D., D. C. L. Oxon.

THE SKIN IN HEALTH AND DISEASE. By L. Duncan Bulkley, M. D., Attending Physician for Skin and Venereal Diseases at the New York Hospital, Out-Patient Department, etc. 12 mo.. pp. 148. Price 50 cents.
Philadelphia: Presley Blakiston. Detroit: Thorndyke Nourse.

This is one of the series of American Health Primers, edited by W. W. Keene, M. D. It treats in popular language of the hygiene of the skin, and, very prudently, does not essay the treatment of its diseases. It is written for the people, but there is much in it which will repay its perusal by the professional reader.

A NEW SCHOOL PHYSIOLOGY. By Richard J. Dunglison, A. M., M. D., Author of "Practitioner's Reference Book," Editor of "Dunglison's Medical Dictionary," "History of Medicine," etc. Illustrated with 117 Engravings.
Philadelphia: Porter & Coates.

The title of this book is somewhat misleading, apt to lead one to suppose it is an exponent of a new physiological doctrine. It is, however, not a work of that nature, but simply an attempt to bring a knowledge of the functions of the body within the comprehension of such school children as are somewhat advanced; and, we may say, the attempt is more than ordinarily successful. Such works cannot but be of service when properly written. Even a superficial knowledge of physiology among the people would be an antidote to the empiricism which finds so many victims among the public.

THE STUDENT'S DOSE BOOK AND ANATOMIST COMBINED. By C. Henri Leonard, A. M., M. D., Professor of Medical and Surgical Diseases of Women and Clinical Gynæcology, Michigan College of Medicine, etc., etc. Price, $1.00.
Detroit: Leonard's Illustrated Medical Journal.

After having given its title it is scarcely necessary to say more of this little book than that the separate parts of which it is made up have for several years been before the profession, and from the number copies sold must already be in the hands of a large proportion of the profession, the present edition being the twenty-fifth thousand of the Dose Book and the tenth thousand of the Anatomist. Such a sale argues popularity, and popularity in such things argues merit.

We commend the book to those who feel the need of it, and who does not feel the need of a dose book, particularly, in these days of the multiplying of the new remedies placed in the hands of the profession?

Original Articles.

Mother's Marks.

BY R. HUMPHREY STEVENS, M. D., GRAND RAPIDS, MICHIGAN.

I saw in the NEWS of July 26th, some very able remarks on Dr. Wilson's paper upon the influence of the mother upon the growth of the child in utero, which closed with a series of queries given by Dr. Wilson, one of which I will quote, and by answering it I will answer all the rest.

Question: "Is it possible that the mere observation of a person in a fit, so impresses a woman that the child she is carrying exhibits distinct signs of that at which she shuddered?," or in other words, "is the anencephalous monster or child with spina bifida, but the material reflection of the maternal impression?" I will answer both of these questions in the negative for reasons given below, which I believe are ideas entertained by the most scientific physiologists and reasoners of the present day.

If I mistake not, that freak of nature known as "mother's marks" is no longer regarded as "mysterious," as is gently implied by the remarks given in this connection by the NEWS.

All through animal and vegetable life we find the cutis with which its forms have been clothed, varying in color. In vegetable life we find the variation quite marked, and in animal life the display of colors is most varied, being in some cases inimitable by the hand of man; yet if nature fails once in a while to color uniformly, the malpighian layer (Biesiadecki and Pagenstecher in Strickers Histology, vol. 1) of human beings the would-be scientist is aroused, and his inventive genus, aided by his superstition puts forth theories in explanation most amusing to the candid thinker.

However, as we are most interested in that freak of nature where there seems to be a tendency to duality, we will leave the subject of "strawberry marks" until another time.

Now we are taught that spina bifida is caused by a longitudinal segmentation or bisection in and during the molecular development of the primitive trace; and the monster will be spina bifida just in proportion to the extent of the bisection, and that the bisection is simply a pre-perverted molecular growth of the primitive trace. (Archives de la Medicine Navale, Archiv für Anatomie, Physiologie und wissenschaftliche Medicin, und Archiv für die gesammte Physiologie der Menschen und der Thiere.) It divides to a greater or less extent and the two halves grow on to a more or less imperfectly developed body. Whenever this bisection commences, then begins the growth of the monster. We know that any duality in the primitive trace must commence when the primitive trace begins its growth from the knowledge we have of the growth of the ovum after fecundation; and this beginning must take place during the first week of gestation.

Now in the case given by Dr. Wilson the woman was in her fifth month of pregnancy. The child was perfectly developed up to this time—according to the "mother's impression" theory—that is to say, the spinal column was perfect, head perfectly formed, eyes visible but not yet open, arms and hands formed with finger nails distinct, mouth and anus open, and everything evidencing a healthy child at the fifth month of gestation.

At this period of gestation the mother sees a man fall in a fit, or if you please, the wheel of a wagon pass over the head of a child or pet poodle in the

street; and a retrograde metamorphosis is set up at once, the various steps of which we will not give, but whereby there is entire dissolution of cell structure, with reformation and growth of two spinal columns more or less imperfectly developed, made from one; or again, if you please, the child is born anencephalic; all accomplished within the remaining four months of gestation.

That this change must take place in order that the child should be born spina bifida or anencephalic, we know from our histological knowledge of the growth and development of any part or organ of the body. That this change does take place in the cases in question is unreasonable, irrational and absurd, yet it is in my opinion the only plausible way this freak of nature may be accounted for, if we accept the "mother's impression" theory.

According to the present state of our knowledge upon this subject we choose to account for the monster deformities, which we occasionally see, in a more simple, rational, and common sense way, and in accordance with our histological knowledge of the development of the ovum; yet many desire to attach these freaks of nature with some unexplainable theory, or try to account for the abnormality by looking into some dark chasm with the expectation of an answer from a supernatural and unseen source. We have the question put to us concerning the case given. "How do these circumstances stand related to each other?" They stand related to each other, in the case given by Dr. Wilson, just the same as they do in the following:

Mrs. A., pregnant, stayed at a hotel, fire broke out at night; saw the porter go up stairs with an individual fire extinguisher on his back, battling his way through the flames. Mrs. A., very frightened at the time, gave birth at full term to a full grown male child with a supernumerary bladder on his back, about two inches below the region of the kidneys and connected with the kidneys by means of ureter but has no outlet, urethra or penis. Now the relation in this case and that given by Dr. Wilson is precisely the same, and that is no relation at all as Dr. W. would have us see it; for we believe the supernumerary bladder would have been there just the same had the fire not occurred to frighten the mother, and the abnormality was due simply to a tendency to duality in cell structure. The same tendency we find not only in animal but often times in vegetable life.

Why does not Dr. Wilson ask the relation between the many cases that may be given in which the children have been born spina bifida or anencephalic in which the mothers have not been horrified by startling sights? If he would begin to reason in this way he would soon see things in their mod rn light and simple abnormal changes in cell structure would appear less mysterious, as even the NEWS would have us regard this freak of nature in question. I fear there are a few who would have us regard it as mysterious, as there are many that nurse that chronic desire to regard that which they can not readily understand as something enshrouded with mystery, and nourished by something supernatural, and who are continually groping in darkness to find "light."

A Case of Cancer of the Liver—Points in Diagnosis.

BY WILLARD H. MORSE, M. D., HINSDALE, N. H.

A. P., a young man aged about twenty, visited me at my office, and asked for medical treatment for "a pain in the right side." He presented an appearance of being a sufferer from some longstanding disease, and my attention was called to the extreme emaciation of his face and hands, before I undertook a physical examination. Never before had I seen such marked emaciation. The nose and ears were shrunken to a dried cartilage; the eyes were deeply sunken, and of peculiar lustre; and the face, fingers, and limbs were wasted to the bones. Reasoning naturally from the patient's appearance, that he must have been diseased for a long time, my first question was, "who has attended you?" He surprised me by answering that he had not received any treatment. I asked how long he had been sick. His answer was that he had never been out of health a day in his life, and then added, "I know I look as if I was just up from a fever, or sick with some chronic disease, but it is not so. Nothing ails me but this pain, which came on three months ago." I asked if his emaciation dated from the inception of the pain, and his reply was in the affirmative. He located his difficulty under the short ribs of the left side, and described the pain as if inflicted by a dull knife. He was a farmer, and his business had been drawing logs from the woods to a saw-mill. This necessitated considerable heavy lifting, but he maintained that he had not strained himself in so doing at any time. The work had been done in the previous winter, and the date of his first attack was the ensuing June. If the logging was not the cause I could ascertain no other.

Suspecting some hepatic trouble, I proceeded to make an examination. I had him stripped and laid prone on his back on a hard table. Greatly to my surprise my first casual inspection revealed a distinct tumor, plainly apparent, and situated directly upon the liver. The walls of the abdomen were fallen in and flabby, and the viscus lay almost outlined. Now began the work of practical diagnosis, and it proved one of no little difficulty. Palpation showed undeniably a rough, circumscribed, and irregular protuberance on the surface of the liver, measuring an inch and a half in its longest diameter, and characterized by a soft and doughy feel. With this made apparent by the slightest touch of palpation, there opened latitude for an extended diagnosis. It was easy to see that I had to deal with one of several lesions, and among these I named most important hydatids, dilatation of the gall-bladder, an aneurism, a cyst, malaria, fecal accumulation, and cancer. At first evidence it was plainly as likely to

be one as another, and the difficulty of resolving the the matter showed more and more apparent.

Had not Gross and some other authorites spoken of the very great diffieulty of diagnosing hydatids, I might have set about the work in hand with less misgiving than that which I felt. But the fathers had declared the diagnosis almost impossible, and I looked to see it in that light. Naturally I feared that I should not be able to render a reason for the hope within me if I determined on a hydatid nature for the tumor. Imprimis, my patient experienced much pain, and that was a contingency not to be expected in a hydatid. The tumor had a boggy feeling under palpation, and fluctuation was absent. I confess that I was disappointed; it could not be a hydatid.

Was it a dilated gall-bladder then, and not a tumor? was my second question of diagnosis. Had I not been confident of finding a hydatid I might have made this my first question, and even here I first thought of the possibility of hydatids in the gall-bladder. The diagnosis was brief. There was pain, sympathetic constitutional disturbance, a history of comparatively rapid development, and no evidence of any jaundice in the system. Nothing else was needed to confirm the negative.

A little thought, with the palpation, told that it could not be an aneurism. But when the consideration of its being a serous cyst came up the possibility looked serious. The cyst would feel doughy, but a cyst had neither pain or the involvement of constitutional affection. A cyst it could not be.

Might it not be fecal accumulation? Yet to all appearance it was connected with the liver, and this was excluded on two grounds other than this. The position and extent told against it no less than did the waste of the patient's habit. An accumulation of fæces would not cause the loss of twenty-five pounds of weight in three months, as he informed me was the case. But more than this his bowels were perfectly regular, and the question was at once put to rest.

Had he lived in a malarious district there might have been question made of the action of malaria. But he had come from one of our healthiest towns, he gave no history of fever, and none of dysentery. It was not malarial.

What then? Cancer? The exclusion had arrived at this, and it was in vain to evade it. It may be thought that it was hasty reasoning to leave out altogether the consideration of the possibility of hepatic abscess, but there was no room for this. An abscess would have gone on to termination before three months had passed. This was no abscess. It was cancer unmistakably. There was the carcinomatous pain, clear, sharp, and of defined characteristics. There was the emaciation, such as no other hepatic disease could produce. There was the carcinomatous cachexia. More than this, the tumor was rough, and in that way like scirrhus in any other organ. Tenderness on pressure was also plainly appreciable.

"What do you think?" the young man asked when the examination was completed.

I directed him to return home and apply hot water applications, and report again in ten days. A week later the patient came to me again with the information that he had consulted another physician who had bluntly told him that his disease was cancer. Manifestly it is the fault of young physicians to be too careful about hurting their patients' feelings in stating the results of diagnosis. I could do nothing else than to corroborate my brother physician's statement. There remained no doubt in my own mind now, and the patient heard the dread intelligence the second time.

Undoubtedly some strain at the time when he was engaged in logging, or else some bruise that he had received, had laid the foundation of the malady, which antedated its real appearance. The patient died seven weeks later. There was no autopsy. The disease in its malignancy had done its work well, and with this sad commentary of death I looked into the literature of the subject, and there the best of modern authorities has said, "malignant disease of the liver should under no circumstances be interfered with."

Ergot in the Treatment of Polypus of the Uterus.

BY O. E. HERRICK, M. D., GRAND RAPIDS, MICH.

Mrs. M., a short, stout and fleshy woman of plethoric habit and the mother of three children, sent for me, to attend her for a uterine trouble. On calling, I found her exhausted from uterine hemorrhage and in a very dangerous state. She stated that she had been in delicate health for the past six months, and had suffered a great deal from flooding, and that these attacks usually came on once in ten or fifteen days. On the introduction of my finger through the os-uteri, I found at the upper and posterior portion of the organ a round substance or tumor about the size of a small lemon. Passing my finger around I found it was impossible to pass even the point between the base of the tumor and the side of the uterus, and that the tumor seemed to be closely attached to the uterine walls. The patient being very weak and nervous from loss of blood I deferred further examination until the next day, which examination satisfied me that it was out of the question to remove the tumor in its present state and relation to the uterine wall, without a considerable and dangerous loss of blood, which, considering the exhausted condition of the patient, I did not feel warranted in inducing. I, therefore, decided upon giving large doses of ergot in combination with acetate of lead and opium, in order to bring on such contractions of the uterus as would separate the polypus from the uterine wall, sufficiently for me to either strangulate the tumor or remove it by excision. On visiting the patient next morning she complained of suffering greatly with "bearing down" pains. On making an examination I found considerable trouble in introducing my finger through the os,

owing to the contracted state of the uterus, and to the pressure downwards of the tumor, which blocked up the canal. Upon succeeding in introducing the finger, I found that the body of the polypus had entirely separated from the wall of the uterus, and was but held by a small pedicle about two inches in length by less than half an inch in diameter. After a very careful examination I could find no trace of pulsation in the pedicle, but found it soft, and to the touch like an umbilical cord. I at once passed up a curved blunt-pointed pair of scissors and severed the pedicle as close to the uterine wall as possible. I then gave the patient a dose of ergot which brought on contractions and in an hour the polypus was expelled, the patient not losing any blood. The patient made a rapid and good recovery, and is now regular and does not suffer unduly nor lose more blood than is necessary at the menstrual epoch. Usually, the thing to do in such cases, is to immediately remove with the scoop or ecraseur a tumor or polypus of this nature, but in a case like the one narrated above it would seem to be out of the question, the patient having already lost all the blood she could stand, hence the practice usually is to wait until the patient can be prepared for the operation. The method pursued above is to my mind much to be preferred. Not long ago I read in some journal that it was dangerous to give ergot long enough to have any effect upon an intra-uterine growth, because of its slow action, in gradually detaching such a growth, and that it was quite likely to undergo decomposition before it was sufficiently detached to be expelled. I quite agree with the writer that such is likely to be the case where the ergot is administered in small doses, covering quite a period of time. The method I prefer to follow is entirely devoid of any such danger, *i. e.*, give the ergot in *full doses* for a *short time* and then as soon as the growth is detached from the walls of the uterus, remove it, as in the case mentioned above.

I have in mind a case which occurred in this city and which resulted in the death of the patient. The attending physician had been administering ergot in small doses for a long time with the hope of expelling the polypus, but becoming alarmed at the high rate of the pulse, high temperature, and other symptoms indicating septicæmia, called in a surgeon, Dr. Fuller, to remove the mass. Upon making an examination, Dr. Fuller found that the tumor was undergoing decomposition, and was so rotten, that it would break down under the fingers. He, however, removed, after a lengthy and tedious operation, the entire mass piecemeal, but it was too late, the patient was already poisoned too much to recover, and died in a few hours. Dr. Fuller believes, and I think with good cause, that it was the ergot, that killed the patient. But results obtained in that manner should not consign to oblivion, an agent which, used in another manner, is capable of producing the best of results in the same kind of a case.

To recapitulate then: 1st. Ergot should only be given, in cases when from loss of blood the patient is too weak to undergo an operation for the removal of the polypus. 2d. It should only be given for at most *three days*, and then in *full doses*.

Window Screens as a Prophylactic of Malarial Poisoning.

BY W. C. MAULL, M. D., MIDDLETOWN, ILLINOIS.

Two years ago when malarial affections were very rife here, in a very small circumscribed locality, my attention was attracted to the almost entire exemption of two families, from such affections, who lived in the inflected locality surrounded by houses in which for an occupant to be well, was the exception. A hired hand of one of these families becoming ill with remittent fever, the opportunity presented upon visiting him of trying to ascertain why they had been granted such immunity. I found that not only were they in the midst of the stricken district, but also that they were no more cleanly, and no more careful in their habits and surroundings than their neighbors, while they lived upon the northeast edge of a large pond or lake that an excessive drouth had completely dried up, and from which, at the time of my visit, the stench of decaying vegetable matter and fish was almost unbearable. The only appreciable difference between these two families and the others was, that they had screens at their doors and windows, and the others had not. My patient, the hired hand, had slept in a little house unprotected by screens, off from the main building.

Of course "one swallow can't make a summer," nor can a few instances like the above prove that screens are a protection from malaria, yet the marked cases of exemption above are sufficient apology for attracting the attention of the profession to the possibility of their being so. Admitting the theories of most writers about malaria, there are plausible grounds for the opinion that screens are beneficial in keeping out the poison. Saying that Salisbury is right, and he may yet be proven so, and that malarial affections are caused by minute cryptogamic plants of the family of palmellæ, might not screens prevent their substance or emanation from entering a room? Remembering that when awake and active persons may at their pleasure with complete immunity remain in malarial localities, but that if they sleep in them they are almost certain to be affected, does not their possible beneficial effect appear more plausible?

Admitting again that the malaria is a resultant of heat, moisture and vegetable decomposition, is it any more unreasonable to believe, that screens may prevent its entering sleeping rooms, than that a row of trees will impede its progress or that Sir Humphrey Davy's safety lamp will enable a miner to go amidst inflammable gases with impunity?

I have intended to make notes of facts bearing upon the subject of this communication but have failed to do so, yet daily observation increases my belief that persons who have their windows and doors guarded by screens are surely freer from the

inroads of malaria than their neighbors who have not.

Should general observation prove them to be a partial protective, might they not be medicated? I communicate the above in the hope of attracting the attention of the profession to the possible benefit herein set forth.

Selections.

Calcium Salicylate in the Serous Diarrhœa of Infants.—Dr. Alexander Hutchins in the September No. of the Proceedings of the Medical Society of the County of Kings, gives his experience in the use of the calcium salicylate in the treatment of this obstinate affection. He was led to its trial by a favorable report of the use of the Salicylates of calcium and bismuth in the St. Thomas Hospital Reports. The following is a report of a typical case.

On the 25th, a child two years of age, in perfect health and in good surroundings, had been playing most of the day in the open air, exposed to the sudden onset of the intense heat. After a somewhat restless-night, at 4 o'clock on the morning of the 26th, the child had a copious movement of the bowels, thin and discolored. Vomiting soon after occurred. Following speedily were other dejections, rapidly assuming the watery character. Accompanying these were frequent vomitings of a thin, watery consistence; after two hours the dejections became more frequent, varying from 3 to 10 minutes apart, discharged without effort, sometimes small, then again profuse, always colorless. The vomiting occurred after each ingestion of food, water or ice, and frequently independent of these, the rejected, material being like the dejecta, and colorless; a rapid prostation ensued, the patient soon offering no resistance to the frequent change of the napkins, and indifferent to the vomiting. For about twelve hours the temperature remained about 105° and the circulation about 140.

The case was in no respect an unusual one. The city is full of such experiences in the summer season. They are always exasperating, frequently and rapidly fatal. The difficulty in treating them is will known. The tendency to collapse is always imminent.

I commenced the calcium salicylate at seven in the morning, giving one and two grain doses every hour, and followed the treatment patiently till two in the afternoon, without making any impression on the frequency or character of the vomiting or dejecta. The condition was serious. It was my first experience in the use of the drug. I was timid as to deserting the old lines of treatment. However, at 2 P. M. I gave it in five grain doses, and the effect was, as near as may be, immediate. Within a half hour began a recognized control of the movements, a cessation of the vomiting and a lowering of the temperature, accompanied by a softening and moisture of the surface. The medicine was repeated every two hours till 10 P. M., when the disease was under control. But three movements occurred between that hour and morning, and on the following day a natural movement was voided.

The foregoing experience was repeated many times during the past two and a half months in cases closely allied to the one related. The indications of treatment seemed to be pretty clearly defined. Whenever the dejecta were of the serous character, whether the flux was more or less profuse, in all the cases where the tendency is to cholera infantum, when collapse is to be looked for from excessive drainage of the serum, the calcium salt acted promptly in checking the frequency of the movements—ultimately in controlling them.

One short series of observations on one drug, in a limited number of cases, in the midst of one set of social influence, during a part of one season, establishes no principle, enforces no rule of action, settles nothing absolutely; but when this series has shown an unvarying issue, it would be more ungenerous to withhold the experience than deficient in modesty in not waiting for further facts.

It was noted that the medicine seemed to have no influence in changing the secretions so as to modify the character of the evacuations. The discharges would be under control for a time, say from 2 to 12 hours, and the next movement would be a watery one, but there would be no further recurrence of the diarrhœ. There might be a return to normal movements, or there might be a change to a diarrhœa of indigestion, or to a diarrhœa from irritation of the mucous surface, each of which would require some special interference. These sequelæ were exceptional, but in no case did the serous discharge recur.

It was noted, likewise, that this treatment necessitated very little interference with the usual diet of the child. It would be nearer the exact fact to say that no interference was required. In the majority of cases the discharges were so promptly checked that an indigestion did not occur.

It was further noted that the calcium salt had no appreciable effect on any one of the other forms of intestinal flux, whether lienteric or inflammatory. The serous diarrhœa alone seemed to be amenable to this drug. Each of the other forms required special treatment.

An additional fact was noted, that the vomiting accompanying these diarrhœas was controlled so soon as the medicine began to show its effect on the discharges. Certainly without exception the stomach tolerated the presence of the drug.

Dr. Hutchins induced Dr. Jerome Walker, of the Sea Side Home for Sick Children, to submit the remedy to a trial, and that gentleman endorses Dr. H's favorable opinion of it:

The form in which I have used the calcium salt would be represented in a formal prescription thus:

℞ Acid salicylic.....gr. xxij.
Cretæ præparat.....gr. viij.
Misce accurate.....

Divide in chart. No. vi. (gr. v.), vel. No. x. (gr. iii.)

Sig. One every 2 to 4 hours.

I found the calcium salt so effective that I abanded the bismuth salt mainly to avoid the discoloration of the discharges due to the bismuth. I did not find that the bismuth acted any more effectually than the calcium in controlling the vomiting.

Two more facts of interest remain to be stated. In the process of mixing the powder an effervescence occurs, which alarms the attendant, but which the prescriber recognizes as due to the release of carbonic acid in the formation of the new salt. Also in the process of mixing, a pungent odor of chlorine is not infrequently perceived. Dr. Squibb informs the writer that this is probably due to the impurity of the prepared chalk. The prepared chalk of the shops is a residuum of the manufacture of chlorinated soda, and if the chalk be imperfectly washed an odor of chlorine will be perceived. This is an impurity of the drug and should be avoided.

Ambulant Typhoid—Remarks on the Specific Treatment of Typhoid Fever.—I to-day begin by exhibiting an ambulant case of typhoid fever, walking typhoid as it is called. It is extremely rare that you will meet a case of walking typhoid; although, as they are sometimes seen, it is very important that they should be recognized early. This patient, although in his second week, and presenting all the typical phenomena of typhoid fever at this stage of the disease, was up to yesterday morning still on his feet, and he walked to the hospital. Finding him so ill, he was at once admitted into the ward and placed in bed.

I have said he was in his second week. What are the phenomena of this stage of the disease, which confirm the history he has given? In the first place there is a peculiar hebetude of mind, with some confusion and mental wandering. He has not had any delirium, but simply stupor. It is not every case of typhoid that is characterized by the ordinary low, muttering delirium; many only have stupor; and indeed the name typhoid was derived from this low condition. Besides some fullness of the abdomen (tympanitis) and diarrhœa, we have, in the second week particularly, the peculiar well-marked eruption of typhoid fever. It is present here, though not so well marked as yesterday; here and there on the surface of the abdomen and the lower part of the chest are minute red points, lenticular spots, quickly disappearing on pressure, and as quickly returning when the pressure is removed. There is gurgling upon deep pressure in the right iliac region, due to ulceration and the accumulation of gas or wind at this point; and there is more or less tenderness at this place. There is also an increase in the size of the spleen, *i. e.*, increased dulness in the splenic reigon; and there are some pulmonary symptoms. Upon examination of the chest we find diminished sonoriety over the upper part of the left lung, due to catarrhal swelling of mucous membrane. There is always some bronchial catarrh in typhoid. Very often, as in this case, it occurs that hypostatic congestion is found at the lower part of the lungs. The temperature and pulse correspond with those of a simple case of the fever at this stage. He tells us that he had bleeding at the nose and that he has five or six stools a day; they have been examined, and are the ordinary characteristic stool. One of his complaints was that as soon as he took his meals he had a movement of the bowels.

Such are the simple and striking phenomena of the case of ambulant typhoid, differing in nothing from the usual form of the disease, except that the patient continues walking about, dejected, miserable, and consumed by fever, instead of taking to his bed. He has been put upon what is called the specific treatment of typhoid—five drops of compound tincture of iodine, to be given well diluted with water. By the specific treatment I mean a kind of treatment adopted in Germany for this malady, with special reference to the destruction of the poison which causes the disease. The other form of specific treatment includes three or four doses of calomel, five or ten grains at a time, given during the first week. I prefer the systematic administration of iodine during the three weeks. Under this treatment, with proper diet and nursing, the mortality is is very much diminished.

When the temperature gets too high we will have to modify the treatment. If the thermometer placed in the axilla reaches 105° we will have to institute measures to depress the temperature. Of all the remedies that reduce temperature, upon the whole, I prefer quinine. Liebermeister, a high German authority on this subject, has stated that if he had to make a choice of all the leading antipyretics he would choose quinine. The temperature now, in this case, is only 102°, and therefore not sufficient to demand active antipyretic treatment. We will continue the use of the iodine and attend to the proper dietetic management; and if the temperature goes above 104° at any time, he shall have the antipyretic regimen, giving him from twenty to thirty grains of quinia in the evening, and graduated baths to keep the temperature down below this point, repeated as often in twenty-four hours as may be found necessary. If the diarrhœa should prove troublesome it will require attention. As long as the discharges are not more than two or three a day it is not necessary to interfere; but if they go beyond this he shall have—

℞ Liq. potassii arsenitis.....gtt. ij.
Tincturæ opii.....gtt. jv.

M. To be repeated as often as may be needed.

This is one of the best means of treating the diarrhœa of typhoid fever that we have at our command.—*Prof. Roberts Bartholow, in Med. and Surg. Reporter.*

Obstetric Treatment of the Perinæum.—Dr. Garrigues, in his article on the obstetric treatment of the perinæum, first corrects several common errors in regard to the anatomy of the perinæum and adjacent parts. As to the prevention of laceration in labor, he is positive that much may be accom-

plished, although now and then the injury is unavoidable. He repeats the warning, and it can not be too often insisted on, that ergot should never be given during labor. Evacuation of the rectum at an early period in labor should always be brought about, no matter what the patient may say as to the free action of the bowels. He considers that the left lateral posture, during the child's passage through the vulvar orifice, aids in preventing injury to the perinæum by relieving it of the child's weight between pains. Emollients are at some service in the exceptional cases in which the parts are not sufficiently lubricated with the natural secretions. Anæsthesia during the passage of the child aids in retarding the expulsion by putting a stop to the action of the abdominal muscles, and thus favors gradual rather than sudden stretching of the tissues. The author regards manual support of the perinæum as of service, if done at the proper time and not overdone. His arguments upon this point are certainly very cogent, Displacement of the perinæum (stripping it back or drawing it forward) he thinks unadvisable in most instances, since such a proceeding would generally have the effect of disturbing the coincidence between the plane of the orifice and that of the shorter diameter of the head. As to retarding the birth by direct pressure upon the presenting part the author seems to favor it in cases of precipitate labor. He very properly deprecates attempts to rectify the position and attitude of the child, remarking that Nature herself performs the best turnings of this kind, and that by enforcing a rectification in one place, we run the risk of doing harm in another place hidden from view. He considers it rational, however, to promote the normal movement of extension by pressing the presenting part toward the symphysis, preferably through the rectum. This manipulation may even be carried to the extent of a sort of enucleation. It is important not to press with so much force as to cause lacerations in the region of the clitoris. As regards manipulation of the shoulders, he would avoid the so-called rectification, and limit interference to the prevention of the simultaneous emergence of the two shoulders, by extracting the anterior one first. With quite justifiable reserve, he praises the operation of episiotomy, or lateral nicking of the orifice. In his experience, however, these relief incisions take a fortnight in healing, and then, instead of agglutination, they heal with a retracted cicatrix, leaving the orifice, as one of his patients remarked, "more open than before." Moreover, they are, contrary to what has been asserted, subjected to the contact of the lochial fluid. Finally, the operation does not with absolute certainty prevent laceration. After delivery the parts should at once be subjected to ocular inspection. If a rent is found extensive enough to require sutures, it is best to let the anæsthesia pass off for the time being, or wait until after the expulsion of the placenta, and then give the anæsthetic again. But there should be no further postponement—the immediate operation should always be done. Dr. Garrigues believes that many lacerations, while not severe enough to require so formal a proceeding, yet call for immediate adjustment. For such he earnestly recommends the use of *serres-fines*, but they should be of the sort that he has, after such pains, succeeded in getting made, and which are to be had of Messrs. G. Tiemann & Co. They are an inch and a quarter long, half an inch of which goes to the legs beyond the crossing, and end in minute claws. They are made of thin brass wire, nickle-plated, and so weak as to just keep the torn surfaces in contact. As a rule, they can be used only once, but their cheapness renders this consideration trivial. The simplicity of the proceeding is its great recommendation, and the pain is so slight that it may be done without saying anything about it to the patient or any one else. From one to three *serres-fines* are used, according to the length of the rent. Beginning at the anal end of the wound, the clamps are put on at right angles to it, their legs being buried to their full length in the tissues. Before applying them, the wound should be cleansed with carbolized water. It is seldom necessary to twist an artery, or cut off loose shreds of tissue. The clamps should be left in place four days. The knees should be bound together with a towel, carbolized vaginal injections used, and a daily aperient given. The remainder of the article is devoted to the suture operation. The entire paper teems with good sense, and the reader will find in it many useful hints in regard to the management of labor.—*N. Y. Med. Jour.*

On the Pathology of Night-Sweating in Phthisis, and the Mode of Action of Strychnia and Other Remedies in it.—Lauder Brunton believes the pathology of night-sweating in phthisis, to be as follows: The respiratory center becomes exhausted by the reflex irritation from the lung, so that it no longer responds so readily as it ought to the stimulus directly applied to it by carbonic acid in the blood circulating through the medulla and through the spinal cord. In consequence of this the blood becomes more or less venous, and to this venosity, and the consequent imperfect tissue change, and not, as was formerly supposed, to the actual loss of fluid or sweat in the sleep, are the muscular and nervous exhaustion and prostration, observed in night-sweats, to be attributed. If this pathology were correct, it occurred to him that night-sweating might be prevented by administering some remedy which would increase the excitability of the respiratory centre. Now, such a remedy exists in strychnia, as has been shown by Rokitansky's experiment. If then, a dose of strychnia or nux vomica were administered at bed-time, the excitability of the respiratory centre ought to be so much stimulated that any excess of carbonic acid would excite it to increased action, and thus the accumulation of carbonic acid in the blood would be prevented, and the sweat, which he had supposed to be the consequence of such accumulation, would be arrested.

On proceeding to try it in the wards of St. Bar-

tholomew's Hospital, this expectation was realized.

But it is evident that if strychnia increases the excitability of the respiratory centre by stimulus applied directly to it, such as the carbonic acid present in the blood, it is likely also to increase its susceptibility to reflex irritation, such as that excited by tubercle in the lungs, and thus it might be that it would tend to increase the cough in case of phthisis. This, indeed, it appears in some instances to do. He has tried to remedy this by a combination of strychnia with opium, and this appears partially to succeed. Where, however, strychnia does not appear to suit, atropia may answer perfectly.

In Dover's powder we have a combination having an action somewhat resembling that of atropia in certain respects, though differing from it very markedly in others. In health, Dover's powder is a powerful sudorific, but it frequently arrests, in the most satisfactory manner, the night-sweating of phthisis.

This seems at first slight to be extraordinary, and yet it is quite natural if the view which he has advanced regarding the pathology of night-sweating in phthisis be correct. For the opium, by lessening the irritation by cough, will tend to prevent the exhaustion of the respiratory centre. At the same time ipecacuanha is a powerful stimulant to this centre, and thus we have in Dover's powder two of the actions that have already been observed in atropia, viz., a power of diminishing irritation from the lungs, with a power of increasing the activity of the respiratory centre. Unlike atropia, it does not paralyze the peripheral terminations of the secretory nerves in the sweat glands. Picrotoxine, also, has been found to be useful in night sweating. It also is a powerful stimulant to the respiratory centre (Büchheim, *Arzneimittellehre*, 3*te Aufl.*), and probably it is by its stimulating action upon this centre that it arrests sweating. But while it is probable that the night-sweats of phthisis chiefly depend upon exhaustion of the respiratory centre, and are to be arrested by stimulation of this center, we must bear in mind that this may not be the the only cause of such sweats. They may occur through stimulation of the sweating centres by increased temperature as well as by increased amount of carbonic acid in the circulating blood. In such circumstances quinine will probably be the best remedy.

In the night-sweats of phthisis atropia is probably the most powerful remedy which we possess, and we can well see how it should be so, for it combines the power of lessening irritability of the sensory nerves in the lung, of stimulating the respiratory centre, and of paralyzing the ends of the secreting nerves in the sweat glands. But it possesses other actions which may render employment inadvisable. It may so influence the salivary glands as to arrest their secretion, and cause very great discomfort to the patient by the dryness of the mouth thus occasioned. In such cases we may use Dover's powders, but if this, again should interfere with digestion, we may resort to strychnia or nux vomica. —(*St. Bartholomew's Hospital Reports*, Vol. xv. 1877.) —*Archives of Medicine.*

Typhoid Fever.—With us it runs the usual course, with no local peculiarities worthy of note. In the treatment, the first and most important indication is to prevent the further absorption of septic matter, and to promote the elimination of that which has already accumulated in the system. To the former end, every precaution is taken to secure perfect cleanliness ; while for the latter, a solution of the hydrochloric acid and chlorate of potash is administered to the patient during the first week or ten days. To relieve the symptoms that occur during the course of the disease, certain remedies have, as a rule, yielded better results than any others. To check the diarrhœa during the first few days a combination of calomel, Dover's powder, and nitrate of potash is used, alternating with the acid chlorate solution above mentioned. As the febrile symptoms become more intense this is omitted and some diaphoretic and febrifuge mixture is submitted. During the second week, as the bowels become very lax and tympanitic, nothing has been found to meet the indication so effectually as our "turpentine and laudanum emulsion":—

		Gms. or c.c.
℞	Olei terebinthinæ	12.00
	Olei gaultheriæ	2.00
	Tincturæ opii	16.00
	Pulveris acaciæ	24.00
	Sacchari albi	24.00
	Misce et adde	
	Aquæ, q. s. ad	128.00

Sig. Teaspoonful.

This is given every four hours, alternating with a diaphoretic solution. During all this time, as the patient's temperature runs high, frequent sponge baths are employed to reduce it. There is given the most nutritious food (but not in a solid form), but such as wheat flour and milk gruel, and other articles which contains a large proportion of milk. As the appetite is lost this is administered to him regularly, the same as medicine. During the third week, if the vital powers begin to fail, the "turpentine and laudanum emulsion" is alternated with the "strychnia mixture":—

		Gms. or c.c.
℞	Strychniæ sulphatis	.06
	Acidi nitrici	4.00
	Tincturæ opii	16.00
	Aquæ, q. s. ad	125.00

M.

This stimulates the vital functions in the low adynamic stage, until the severity of the fever is past. The use of alcohol in this and similar diseases is deemed of questionable value, reliance rather being placed in good alimentation.

Where complications arise, they are treated according to the indications. The foregoing is the usual course of treatment, but is promptly varied to meet the requirements of any individual case. One peculiar case was marked by a constant delirium, which continued for several weeks after the primary fever had disappeared. It was probably due to a subacute meningeal complication. After the pri-

mary fever had subsided for a week or ten days, a periodic fever of the remittent type was developed, which contined for several weeks longer. During nearly all of this period the delirium was present. The tincture of gelsemium was used alone, fer seve ral days, to control the fever. After it had been in use thirty-six hours, the delirium disappeared. Subsequently, by mistake of the nurse, its use was discontinued for forty-eight hours, when the delirium again presented itself, to be once more dispelled by resorting to the use of the gelsemium. The patient was discharged cured. The case suggests the possible anti-deliriant property of gelsemium.—(*From Mercy Hospital, Chicago, Reports in Medical and Surgical Reporter.*)

Peritonism.—If we pass from the biliary lithiasis to other abdominal affections, we will find other problems quite as interesting.

Who has not often demanded, in presence of a mortal peritonitis, why and how one died of a peritonitis? Assuredly it is not by a direct effect of the inflammation of the peritoneum, and of the immediate functional troubles that result from it. But underneath the peritoneum there are nervous filaments which emenate from the solar plexus. When the membrane is inflamed, the nerves are disturbed if they are not also inflamed, and this disturbance follows an ascending course, from the filaments reaching the branches, and from the branches the trunks: the system of the great sympathetic receives a shock, and this shock overturns the organism. Thus the nervous troubles dominate over the morbid scene: super-excitation of the apparatus of sensibility; revolt of the motor apparatus, arrest of the peristaltic movements, from whence tympanitis of the belly and constipation; development of the anti-peristaltic movements, from whence bilious vomitings; participation of the vaso-motor apparatus in its whole extent in the morbid movement, whence chill, coldness of the extremities, retreat of the ocular globes, hindrance of respiration, accumulation of blood in the venous system, diminution of the arterial waves cast from the heart, drying up of the secretions, etc. Such is the very faithful *tableau d'ensemble* which M. Fabre traces of the peritonitic state, in which we see almost wholly nervous phenomena. It is clear that it is not the condition of the peritoneum itself which causes the disease, but really the great sympathetic, incited by the abundant nervous plexus which it sends into the mesentery.

Thus is found theoretically and logically justified the empiric use of opiates that almost all of the great practitioners have recommended against peritonism.

By the side of peritonism is placed the choleriform state, or algidity, analogous by the predominance of nervous perturbation, but differing in that the sensitive system is there less attacked and the alteration of the vaso-motor system more profound, whence the symptomatic differences which follow: absence of abdominal pain, more or less abundant gastro-intestinal evacuations.

This algidity presents itself with a character more general than peritonism: it is in some sort the common expression of grave abdominal affections reacting on the nervous system. We have seen above an example of it in the biliary lithiasis. It is one of the characters of epidemic cholera, and we frequently find it in the choleriform enteritis of young infants. In this condition we cannot mistake the considerable role of the nervous system.—*Gaz. des Hôp. Canadian Journal of Med. Science.*

Malaria.—C. H. Lothrop, M. D., of Lyons, Iowa, says in Transactions Iowa State Medical Society:

As to the fact that malaria may be found to a greater or lesser extent in almost all portions of the globe, and its influence upon the human system in the production and aggravation of disease, I can not do better than to give extracts of a correspondence had with Prof. L. P. Yandell, of Louisville, May, 1879.

"For the sixth time since the 18th of December, I have suffered from a most horrible attack of what may be called malarial colic, the result of saturation with this poison in the swamps of Missouri, Arkansas, Mississippi, and the Carolinas, while in the Confederate service; and in a week from to-day I turn my face toward England, hoping that the bad medicine of a sea voyage and a sojourn in the old country may free me from my ill. A dozen years ago a twelvemonth in Europe did me great good, and kept me comparatively well for a long time. There is no doubt in my mind that some persons, becoming thoroughly saturated with malarial poison, never get it entirely eradicated from them. As to the case concerning which you ask my opinion, it is not unlikely that malarial poison was the exciting cause of the paralysis, and it may have been the originating cause. Prolonged malarial saturation may produce organic changes, just as do scrofula and syphilis. It certainly is the chief source of disease in the world, producing not only acute but chronic affections. I have seen a number of cases of intermittent paralysis, intermittent synovitis, intermittent amaurosis, some cases of intermittent strabismus, two cases of intermittent insanity, and I might go on increasing the list indefinitely. I have just cured a case of polyidrosis of the hands and feet, in which the perspiration at 4 o'clock daily, and for many hours, dripped in quantities from the extremities, as water drips from your hand when you hold ice in it on a summer's day.

No medical question is of comparable importance to that of malaria to the people of the United States; nay, to the world. It is less virulent and less abundant in some of the older and better-drained parts of this country and of Europe than it is in others, but wherever the sun shines and water exists malaria will sometimes be found. It is almost omnipresent, and for evil it is almost omnipotent.

The profession and the public are rapidly coming to a knowledge of it, but most of the profession and the public have much to learn."—*American Practitioner.*

SPINA BIFIDA TREATED WITH PLASTER-OF-PARIS.—Dr. Lewis A. Sayre, in a clinical lecture, says that the object of mechanical treatment is simply to protect the parts from all pressure and all possible injury until the process of ossification is completed throughout the entire length of the spinal column. This he accomplishes by first slipping over the trunk a tigthly-fitting knit-shirt, similar to that used in applying the plaster jacket in Pott's disease or lateral curvature. Then, having the patient held in a firm position, but without being suspended, he passes a few turns of a plaster bandage around the trunk and pelvis in such a manner as to cover the spina bifida completely. After this, he cuts off a piece from both the top and bottom of the shirt, and turns the remaining portions over the part covered with plaster. He then makes a few more turns of the plaster bandage outside of all, and finally, before the plaster has had time to set, presses in the plaster with his hands on both sides of the tumor, so as to make the covering more cup-shaped, and thus protect it the more completely from all pressure. He then makes a hard, artificial roof for the spinal cord and nerves, which takes the place of the normal bony one until nature supplies the deficiency. If, on account of the child's growth, other similar plaster casings are required, they can be applied in the same manner. He puts the child on a course of phosphate of lime, with a view of increasing the earthy phosphates in its system, and thus facilitating the further ossification of the spinal column.

A NEGLECTED SYMPTOM IN BREAST-CANCER.—Dr. Herbert L. Snow, of the Bromptom Cancer Hospital, calls attention (*Lancet*, 1880, vol. 1, p. 912) to a symptom of cancer of the breast which is usually overlooked. He refers to a thickening of the humerus on the side corresponding to the diseased gland, accompanied by tenderness on pressure. This condition obtains mainly over the trochanters and the upper third of the bone. On firm pressure the patient complains of tenderness, which tenderness extends for a variable distance down the shaft beyond the part where thickening is apparent. The tenderness and thickening rarely interfere with the movements of the arm, and are never noticed by the patient before examination; they are detected only by digital pressure and comparison with the humerus on the opposite side. Occasionally (but not often) there is also some thickening of the clavicle. The condition never advances to any very marked hypertrophy. These symptoms are usually found early in the course of the disease, and simultaneously with the commencing enlargement of the axillary glands. Dr. Snow regards the thickening as a low form of periostitis consequent upon the deposit of cancer-germs in the medulla.

Formulary.

For the removal of tan and freckles Dr. J. Nevins Hyde, dermatologist, of Chicago, endorses the following:

℞ Hydrarg. bichloridi.....grs. vj
Acidi muriatici dil..... ʒ j
Aquæ..... ℥ jv
Spts. vini rect.....
Aquæ rosæ ää..... ℥ ij
Glycerinæ..... ℥ j

M. Sig., apply at night and wash off with soap in the morning.

HOOF OINTMENT.

Very satisfactory results says the *Pharm. Centralb.* have been obtained from the following ointment in the treatment of all diseases peculiar to hoofs, such as scratches, cuts, etc.:

℞ Benzoin, catechu, bone charcoal each 10 parts.
Reduce to a fine powder and add
Pure carbolic acid..... 8 "
Petroleum ointment.....100 "
Yellow wax..... 10 "

Mix, with a gentle heat.

DRESSSING FOR BURNS.

℞ Iodoform..... ʒ j
Spermaceti..... ℥ j
Ext. of conium..... ℈ ij
Carbolic acid... .....gtt. x

M.

Spread on some soft material and cover the burnt surface.

LINIMENT.

A good liniment says Dr. Vanderbeck, in *Medical and Surgical Reporter*, for some purposes, especially where iodine is useful, as in tumors, etc., is this:—

℞ Iodine.....gr. x
Alcohol..... ℥ iv
Water of ammonia..... ℥ j
Camphor..... ʒ ij
Tinct. red pepper..... ℥ iv
Ol. lavand.....
Ol. rosemary.....ää ʒ j

M.

FORMULA IN GONORRHŒA.

Dr. Herbert L. Snow publishes in the *British Med. Journal*, April 17, 1880, the following formula, which, in his hands, has proved of great service, and which is not particularly unpalatable:

℞ Ol. copaibæ.....
Ol. cubebæ ää..... ʒ ij
Liquor potassæ..... ʒ iijss
Tinct. aurantii..... ʒ iij
Syrupi simplicis..... ℥ ij
Aq. menth. pip., q. s. ad ..... ℥ viij

M.

Sig. Two tablespoonfuls three times daily.

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

Vol. III. DETROIT, SEPTEMBER 25, 1880. No. 18

Editorial.

Physiology for the Practitioner.

If the comparative importance of the several divisions of medicine is to be adjudged by the time allotted to the study of each in the college curriculum, it is obvious that physiology is not usually regarded as a division of much practical utility. It is only within a comparatively few years that some of our leading medical schools have considered it of sufficient importance to warrant them in devoting a chair to its consideration, deeming it sufficient to combine it with anatomy. Gradually, however, it is coming to be recognized as one of the more essential subjects, and thus the old time method of giving a few words on its function in connection with the anatomy of an organ, is no longer considered sufficient by such schools as pretend to be governed by the demands of advancing medicine.

This subject was made the theme of a very able address by Dr. Michael Foster, on the occasion of the late meeting of the British Medical Association, at Cambridge. Dr. Foster's remarks contained much that has created comment in England and which will have its effect in modifying the views of the professional mind not in that country alone, on the subject treated of. He starts out with the inquiry, What is physiology? and the pith of his address lies in his answer to the question. We have been taught to believe that physiology consists of the consideration of the functions of the different organs and tissues of the body in a state of health. Dr. Foster would give it a broader definition, one which would include in its province much of the field now generally assigned to pathology. He, in fact, regards all the distinctions between pathology and physiology as fictitious and unreal, for what are the things which we call pathological if they be not the deeper state of the phenomena usually spoken of as physiological, thrust up to the surface by some catastrophe great or small? As improper is it, in his opinion, to make two divisions of this subject, as it would be to divide meteorology into a normal science of bad weather and an abnormal science of fine weather. There are bad days and good days; there are happy conditions which we may call health, and unhappy conditions which we may call maladies; and the one may present superficial problems which are absent from the other; but directly we leave the outside of each, directly we attempt to grapple with the fundamental questions lying at the bottom of each set of conditions, we find we are in each case struggling with the same things.

It is too contracted a view to take of physiology that it has to do only with the characteristic functions of the various organs and tissues. Many of these functions are considered too much in their mechanical aspects to satisfy the demands of the scientific practitioner. It is not enough for him to know that the liver secrets bile, and, indeed, this view of its office and this method of studying it received a death blow when Claude Bernard discovered in it the mysterious formation of glycogen. The true physiological problem involved in the contraction of a muscle is not that the shortening of the fibre manages to produce the particular movement, but how it is that the muscle grows short. Dr. Foster declares that the consideration of the function or organ itself, *per se*, is but to remain in the outer court of the temple; it is the truer and higher object of physiology to go in, beyond, to discover if it may the source of the mysterious working. The old conception of the living body as a group of machines or apparatus—mechanical, hydraulic, optic, acoustic and the like—has served its purpose, but has ceased to be the guiding idea of the advanced physiologist, whose aim it is to peer into "that molecular strife, which appears now as the piling up of material in growth, now as the rush of a secretion, or the shock of a muscular spasm, or the thrill of a nervous impulse."

Dr. Foster puts the practical question, What has the practitioner to do with physiology? He who learnt his physiology twenty or thirty years ago will answer, "Nothing at all." To him the discussion of the questions which have of late years been brought forward so prominently, have little meaning if they are not, indeed, entirely unintelligible; their language is, in fact, an unknown tongue. The few facts gathered during his student course, with many of those connected with his anatomy, he literally exchanged for his diploma—taking that instrument with him and leaving the facts behind. The advances made, provided he has not kept himself abreast of the advances, have removed the subject entirely beyond his comprehension, and he is, therefore, unable to comprehend its true significance. To educate the older practitioner up to all the benefits to be derived in a practical point of view, from physiology, Dr. Foster deems impracticable. The benefits can only accrue in the fullest force to the practitioners of the future,—to the young men who are now preparing themselves to take the places of those who are to fall out—and it devolves on the medical schools to so teach the subject as to make it of the greatest assistance to those who are now under their tutorage. The study to be effective must be conducted in the early years, while the medical mind is being formed, and not left to the chance leisure moments of a busy life.

But the medical student is already overladen with

studies and shall this new weight be added to the burden? He finds himself hard pushed during the three or four years spent at college, to keep up with the curriculum laid down for him. Dr. Foster suggests a somewhat radical change in the subjects usually taught, and the suggestion seemed to commend itself to the favor of such of the members of the British Medical Association as gave any expression of their views on the address. No one opinion did the speaker hold more strongly than this, that our youth, not medical only, but of all kinds, having been for many years past over-examined, are now year by year being more and more over-taught; and one of the most urgent needs of medical education seems to be not a multiplication but a simplification of studies. To make room for the study of higher physiology, something must be given up and Dr. Foster suggests the elimination of comparative anatomy and such studies as are better calculated to prepare the student for the position of buyer to a wholesale drug house, or for practice in the wilds of Africa than to fit him to practice in communities in which these studies are so largely pursued by those to whom a knowledge of them is indispensable from a business point of view. This portion of the address is of much present interest, and we shall refer to it in our next.

State Regulation of Medicine.

Our readers will doubtless recall the efforts of the NEWS two years ago in the direction of securing the passage of a bill in the Michigan State Legislature for the regulation of the practice of medicine. They will also remember how nearly those efforts were successful, and that, too, in spite of the apathy on the subject of the bulk of the leading members of the profession of the State, who had some years previously withdrawn from the fight in utter hopelessness of ever bringing our Solons to see that the interests of the people demanded that those who take upon themselves the charge of the health and lives of the community, shall be able to furnish some kind of a guarantee of fitness. The bill which was introduced was passed by both houses of the legislature and failed to become law only through a technicality which prevented the governor from attaching his signature. The result, however, was sufficient to demonstrate the fact that the sentiments of the people had undergone a very remarkable change on the subject of medical education, and that they may now be sought to legislate in the matter with very probable chances of success. We desire, therefore, to call the especial attention of our readers in this State to the communication of Dr. Vaughan in another part of our present issue. The season for the election of members of our State legislature is again nigh at hand, and with the results of the influence brought to bear on the last legislature in mind, it is not too much to say that if the coming legislature adjourns without passing a medical bill the fault will lie with the profession. The 1,500 doctors of Michigan in good standing can by united efforts redeem the State from its unsavory reputation in the matter of the practice of medicine, can secure such legislation as will banish from its borders the hundreds of Buchanan "graduates" *et hoc genus omne*, who, driven by wholesome legislation from other states, have settled here to play their nefarious practices on the unwary.

Now that this matter is under consideration we would suggest more sweeping changes than those contemplated in the bill presented to the last legislature. That bill was good enough for a beginning, but only for a beginning. It may fairly be presumed that the people are now prepared, in consequence of a growing enlightenment of public opinion, to do better for themselves than has as yet been asked of them. The bill referred to regared the diploma of any regularly chartered institution as a sufficient guarantee of qualification to practice medicine, but the people have during the past few months been made aware of the fact that such a diploma is not in all cases sufficient. It is a notorious fact that regularly chartered institutions of this country are graduating those who do not come up to the standard of requirement which is demanded by the best interests of the people. Many regularly chartered colleges require only two sessions of four months each of its graduates, and it is simply absurd to expect a properly qualified practitioner from such a course of study, and yet the bill referred to allowed such graduates to practice in the State. The only method which will protect the people against such abuses is for the State to take from the schools the licensing power, and to require of the graduates of all schools, those working under its own charters as well as outsiders, an additional examination to that through which they secured their diplomas. Let the Governor appoint two examining boards before one of which those desiring to enter the study of medicine shall appear for their matriculation examination, and before the other those who have secured diplomas from the medical schools and let these boards be entirely independent of medical colleges. In this way and in this way only can competency, as far as colleges can effect it, be secured. This is essentially the plan under the Canadian Medical Act as it is also in Europe, and the comparatively slight opposition which was brought to bear on the passage of the bill of two years ago, leads us to hope that one incorporating this feature would be accepted. A bill of this nature would relieve the medical schools of the state from the charge of manipulating the legislature in their own interests.

We trust that those who have taken the initiative in this matter for the approaching session of the legislature, will give heed to the above suggestions.

Statistics.

The fallacy of statistics has been illustrated by the anecdote told of one of the class who place great faith in their indications. The statistics showed that one in every hundred recovered from the disease

with which the patient whom he was treating was afflicted, and as he had lost ninety-nin' he confidently assured the sufferer that he would recover. Bare statistics of deaths and recoveries from individual diseases are necessarily very fallacious, inasmuch as no consideration is usually had in them for the circumstances, other than pure medication, which influence the course of the affection.

Mr. Timothy Holmes, in the course of his Address on Surgery, at the late meeting of the British Medical Association, refers very pointedly, to the fallacy of determining the comparative merit of two surgical operations, by means of statistics alone. He is of the opinion that more harm has been done to truth (in surgical matters, at least) by numerical statements than by any other form of fallacy. The source of fallacy lies in the tacit assumption that the integers of which the totals are composed are comparable—*i. e.*, homogeneous. No more deadly error—using the adjective in its plainest and literal meaning—can be committed. By comparing unlike things, by neglecting the different antecedents of the same or different operations, "statistical" writers have often made the more dangerous proceeding appear the less so, and thus have ushered many a poor patient to his death. Surgical operations are steps,—very important and decisive steps, it is true, but still only steps—in a process which cannot be estimated unless much more is known about each case than so-called statistics (which in most cases are really only death rates) can furnish.

In illustrating the uncertain value and sheer uselessness of statistics as ordinarily compiled, Mr. Holmes refers to the fact of death rates being triumphantly paraded as an evidence that metropolitan are less healthy than country hospitals. In this case the circumstances influencing the condition of the patient, social conditions, hygienic surroundings, etc., previous to his admission to the hospital, have been left out of consideration. Because statistics collated from among the broken down and poorly fed show that a stimulating course of treatment is best, it by no means follows that such treatment is best adapted to all sorts and conditions of men. Statistics, (death-rates) moreover, are by no means reliable as indicating the comparative ability of different practitioners in a town or neighborhood, it being the rule that he of the best reputation has, usually, the largest number of deaths accredited to him, he being called in more frequently as a *dernier ressort*, and is usually consulted in the most grave cases. This reasoning from statistics or death-rates, which shows him to be so unsuccessful would show some homœopathic or mesmeric or kinesipathic institution to be very successful. And we might apply the same reasoning, if it deserves the name, to the chemist who doctors children's crushed fingers, and the homœopathist who soothes the sufferings of dyspeptic gluttons or hysterical fine ladies, to show that these are better practitioners than the great physicians and surgeons who are consulted in serious emergencies.

A correspondent, in whose representations we place faith, wishes to dispose of his property and practice. The practice is in a good farming section in this state and amounts to $2,500 a year. The property consists of his residence which cost him $3,700. He will sell out for $2,000, half of which shall be cash down, and the payment of the balance may be arranged to suit purchaser. The doctor has a call to an opening in a city and, therefore his desire to sell. Any intending purchaser may address this office for further particulars.

Miscellany.

List of Books which will be Found Valuable to Candidates for Examination in Sanitary Science by the Michigan State Board of Health.*—The books are here classified the same as the topics published in the Regulations for the examinations. The necessity of reading all of the books is not urged.

I.—Introduction to the study of Biology. H. Alleyne Nicholson. Appleton & Co., New York, 75c.

Article on Biology in Encyclopædia Britannica and in other Cyclopædias.

II.—*a.* Theory of Probabilities. M. A. Quetelet, Translated by O. G. Downs. C. & E. Layton, London, England. $5.50.

Articles on Statistics and on Vital Statistics in various Cyclopædias.

Essays and papers on some Fallacies of Statistics. H. W. Rumsey. Smith, Elder & Co., London, England. 12s.

Vital Statistics of Michigan. Annual Reports 1868—1874.

Article,—Report on Methods of Collection of Vital Statistics, in Report of Michigan State Board of Health for 1876.

Article on "Weekly Reports of Diseases in Michigan." Annual Reports Michigan State Board of Health, 1878—1880.

b. Vital Statistics of Michigan for 1872 and subsequent years.

Annual Reports of the Michigan State Board of Health 1878—1880. Articles on "Weekly Reports of Diseases," and "Principal Meteorological Conditions in Michigan."

c. Filth Diseases and their Prevention. John Simon, M. D. James Campbell, Boston, Mass. $1.

Disposal of slop water in villages. C. B. Fox. J. & A. Churchill, London, England. 18d.

Healthy Houses. Fleeming Jenkin, F. R. S.; adapted to American conditions by George E. Waring, Jr., Harper's Half Hour Series. 25c.

House Drainage and Water Service. James C. Bayles. David Williams, New York. $3.

*This list of books is classified by subjects, the same as is the plan for the examination which was published in the News for June 25th, 1880, and also in the Report of the Michigan State Board of Health for 1879, from which latter the Board has struck off a number of reprints of the "Plan of Examination."

Wilson's Hand-book of Hygiene. Blakiston, Phila. $3.

Hart's Manual of Public Health. Smith, Elder & Co., London, England. 12s. 6d.

d. Anstie on Stimulants and Narcotics. Blakiston, Philadelphia, Pa. $3.

Tables, etc., on Mortality by occupations, in United States Census, and in Vital Statistics of Michigan, 1868—1874.

e. Disease Germs; Nature and Origin. L. S. Beale. Blakiston, Philadelphia. $5.

The Germ Theory of Disease. Maclagan, Macmillan & Co., London, England. $3.

*Lectures on the Theory and General Prevention and control of Infectious Diseases, by James B. Russell, M.D., James Maclehose, Glasgow, Scotland.

Fermentation. Schützenberger. Appleton & Co., New York. $1.50.

Practical Biology. Huxley & Martin. Macmillan & Co., London. $1.50.

Air and its Relations to Life. W. N. Hartley. D. Appleton & Co., New York. $1.50.

Article on Origin and Propagation of Disease. John C. Dalton, M. D., read before the N. Y. Academy of Medicine. Smithsonian Report, 1873.

g. Parkes, Hygiene, edited by De Chaumont. Blakiston, Philadelphia. $6.

Documents on "Restriction and Prevention of Scarlet Fever"; on "Restriction and Prevention of Diphtheria;" Circulars 34 and 35; issued by the Michigan State Board of Health, Lansing.

Annual Reports of the Michigan State Board of Health 1876—1880.

III. *a.* Attfield's General, Medical, and Pharmaceutical Chemistry. 8th Revised ed. Henry C. Lea's Son & Co. Phila. $2.50.

*Lectures on Air, Water Supply, Sewage Disposal, and Food. William Wallace. James Maclehose, Glasgow, Scotland.

Letheby on Food, Wm. Wood & Co., New York. $2.25.

Hassells' Food and its Adulterations. Longmans, Green & Co., England.

Wanklyn & Chapman's Water Analysis. Trübner, London, England. $2.50.

Frankland's Water Analysis for Sanitary Purposes. Blakiston, Philadelphia. $1.

b. Loomis on Meteorology. Harper, New York. $1.75.

(For reference.) Air and Rain. R. Angus Smith. Longmans, Green & Co., London. 24s.

Annual Reports of Michigan State Board of Health: for 1874, article on "Meteorology of Central Michigan;" 1875, directions for taking meteorological observations, also an article on Ozone; 1878–1880, articles on "Principal Meteorological Conditions in Michigan."

Air and its Relations to Life. W. N. Hartley. D. Appleton & Co., New York. $1.50.

IV. Sanitary Engineering, Baldwin Latham. Quarto, Geo. H. Frost, New York. $3.00.

Sanitary Engineering. J. Bailey Denton. E. & F. Spon, London, England.

The House and its surroundings. D. Appleton & Co., New York. 40c.

Sanitary Houses. Two Lectures by James A. Russell, M. A., M. B., etc. Maclachlan and Stewart, Edinburgh. Simpkin, Marshall & Co., London, England.

Sanitary work in Towns and Villages. Charles Slagg. Crosby, Lockwood Co., London, England.

Sanitary work in Villages and Country Districts. George Willson. J. & A. Churchill, London, Eng. eighteen pence.

Healthy Houses. Wm. Eassie. D. Appleton & Co., New York. $1.

Hand book for Inspectors of Nuisances. Edward Smith, M. D., Knight & Co., London, England. 5s.

The Sewage Question.—with special reference to Traps and Pipes. A. Fergus, M. D., M. R. C. S. Porteus Brothers, Glasgow. Eighteen pence.

Annual Reports of the Michigan State Board of Health, 1873—1880.

Schedules for Sanitary Survey of a City. Am. Public Health Association. Published by U. S. National Board of Health, Washington, D. C.

Sanitary Inspection of Memphis, Tenn. Schedule and Report. National Board of Health, Washington, D. C.

VI. Complied Laws of Michigan, 1871.

Public Health Enactments in Session Laws of Michigan since 1871, particularly later ones, 1877, 1879 and 1881 (?), with index of laws amended, etc.

Public Health Laws of Michigan. Pamphlet, 1876 State Board of Health, Lansing. Postage 3c.

In all cases where known, the price of the book, and the name of the American Publisher has been given.

HENRY B. BAKER, SEC'Y.

Office of the State Board of Health,
Lansing, Mich. July 30, 1880.

*The lectures by James B. Russell, M. D., and William Wallace, are published in one volume by James Maclehose, Glasgow, Scotland; price 1s. Hamilton, Adams & Co., London, England.

THE REVELATIONS OF THE CENSUS.—The London *Lancet*, with its usual acuteness of perception, detects in the late census returns the secret of the wonderfully low death rates of some of our American cities. Our readers will remember our occasional reference to these suspiciously low rates. St. Louis, for instance, attempted to make much capital out of the fact that its death rate was from 12 to 14 per 1000. The late census explains how she was able to make such a showing; she had placed her population at over twenty-five per cent. of its real number. Our English contemporary gives a very admirable statement of the case:

All interested in the science of vital statistics must be somewhat amused, if not incited to serious consideration by the local squabbling which is taking place in the United States with regard to the announced results of the Census enumeration now in progress. It is well known that there is much

emulation among American municipalities as to the size of their respective cities, judged by the number of their population. It has, moreover, long been the conviction of most students of vital statistics that American mortality statistics are for the most part untrustworthy, not only from the defective system of death-registration which prevails in the United States, but also from the loose, not to say reckless, manner in which the population of its principal cities is estimated during the inter-census periods. Let us take the city of St. Louis as an example. It has recently been semi-officially announced that the population of that city, at the Census just taken, does not exceed 375,000 persons, and that it may not exceed 350,000, when, as a local newspaper indignantly protests, "everybody knows that the population reaches or exceeds 500,000." The feeling which prompts this indignation is partially disclosed by what follows:—"How preposterous the official estimate of St. Louis is is shown from the allowance of 475,000 to Chicago." We have before alluded in these columns to the incredible mortality statistics issued by the Health Department of the City of St. Louis, and attributed their fallacy mainly to an over-estimate of the population. We have before us the Condensed Statement of the mortality in that city during the year 1879. With regard to the population it is therein stated that it was 160,773 at the Census in 1860, and that according to the Government Census in 1870 it had increased to 310,864, "notwithstanding the depressing influences of the War." It is further intimated that by a recent enumeration in 1878 the population in 1879 was estimated at 503,000. The mortality statistics are calculated upon a round estimate of half a million; the result of which is that the 6167 deaths reported during the year give a rate of mortality equal to 12.33 per 1000. It is scarcely necessary to say that out of America no such low annual death-rate as 12 per 1000, in a large city is ever heard of, and vital statisticians may be excused if they doubt the trustworthiness of such a death-rate. The death-rate in St. Louis during 1879 is, moreover, reported to show an increase upon a still lower rate in 1878. The continuance of so low a death-rate as 12 per 1000 in a stationary or life-table population would signify a mean duration of life of 83 years, while in England and Wales it does not exceed 40 years. We are able to calculate from the ages of the decedents in St. Louis, in 1879, that the mean age at death during that year was not quite 25½ years, and in no way approached the implied fourscore years. Making due allowance for the fact that the population of St. Louis, instead of being stationary, is a rapidly increasing one, it may pretty safely be estimated that the true death-rate of St. Louis is nearer 30 per 1000 than 12 per 1000. Convinced that the reported death-rate of 12 per 1000 is entirely fallacious, it is, even now that the new census numbers are beginning to be announced, exceedingly difficult to know how much this fallacy is due to an incomplete record of deaths, and how much to exaggerated estimates of the present population. It is said that the action of the Census Bureau is being severely criticised, on account of supposed serious imperfections in its enumeration. If, however, we may take the St. Louis case as a fair sample of the others, we have little hesitation in pronouncing the census number of from 350,000 to 375,000 far more worthy of trust than the 503,000 locally estimated from an enumeration in 1878. It may be hoped that the fallacy of so large a proportion of American mortality statistics, which will become the more patent when the new census figures are published, will direct renewed attention to the subject in the United States.

Sir William Gull and Professional Comity. —Dr. Fothergill, London correspondent of the Philadelphia *Medical Times*, contributes the following interesting paragraph in a late letter, on a matter which has excited much comment in England and has not been without interest to the profession of this country. The moral of it has its application not in England alone but wherever there exist between medical men the obligations of gentlemen. The occasion referred to was the conferring of the degree of LL. D., by the university of Cambridge:

All went well and smooth enough, with the usual amount of jest and comment, except when Sir William Gull's turn came; then there was a "proper shine." How the undergradutes became acquainted with the said baronet's recent conduct it is impossible to say, but their condemnation was certainly emphatic. Sir William Gull has taken upon himself to act very strangely at times, and not only to ignore the opinions of other members of the profession, but even openly to flout them. When the ex-Emperor Napoleon died at Chiselhurst, Sir William Gull chose to dissent from the views of the other eminent medical men present, and expressed an individual opinion of his own about the cause of death, though he would never give to the world any exposition of it, even when challenged to do so by the late emperor's Parisian medical attendants. Then in the notorious "Bravo" poisoning case his conduct towards Professor George Johnson, of King's College, was such that it was brought before the College of Physicians, and, whatever happened in their committee, his conduct was unquestionably condemned by the profession generally. Then in this recent row at Guy's Hospital he has figured very badly. A nurse under the new régime was recently tried for the manslaughter of a patient and condemned to three months' imprisonment. This patient, according to Dr. Pavy, whose work on Food is so well known, suffered from pulmonary phthisis, and he gave evidence accordingly. This patient, unfortunately, soiled her bed, and for this she was punished, as well as cleaned, by being put into a bath with much harshness by the nurse, without medical authority, and left there for a considerable time. After this the patient got rapidly worse, and died. The verdict and the sentence testify to the opinion of the jury as to the treatment she received. When the nurse was tried, who should voluntarily appear for the defence

but the well-known baronet, who is the Senior Consulting Physician to Guy's Hospital, on which pretext in the witness box he chose to air his views on the subject of tubercular disease of the brain, of which, in his opinion, the woman died, the bath exercising no influence over the necessarily fatal result. This last outrage brought down on him swift punishment. Howls, shrieks of derision, shouts of "Pavy!" met him in one continuous roar, till the place was a perfect Pandemonium. Of course, the students were set on by the members of the profession, and the few and feeble protests of those who dissented from the general opinion were lost in the din of the majority. So long and so vigorous was the condemnation of the baronet that the scene became very trying to the spectators, whatever may have been the subjective sensations of the object of their indignation. Such a reception has never been given to any one else in the memory of man, and will never be forgotten by any one present. It is to be hoped that the conduct which provoked it will not be repeated. Even a fashionable medical baronet cannot do just entirely as he likes without being brought before the tribunal of medical and public opinion sooner or later. This was the only unpleasant event which married the harmony of the meeting, which, on the whole, was a great success.

A Call to the Reputable Physicians of Michigan.—The following letter has been authorized by the Union Medical society of Wayne, Washtenaw and Oakland Counties, and has been sent with the request of publication to the medical journals of the State. It is hoped that every regular graduate of medicine in the State will take sufficient interest in the matter to respond to the letter. Let every one reply if it is only to signify his willingness to cooperate with those who do present plans or suggestions for the presentation of the bill:

Ann Arbor, Michigan, Sept. 2nd 1880.

Dear Doctor: At a meeting of the Union Medical Society of Wayne, Washtenaw and Oakland Counties, held this day at Holly, Michigan, I was authorized as the representative and a member of that society, to correspond with other medical societies and individual members of the profession throughout the State, in regard to taking steps to petition our next legislature to pass a bill regulating the practice of medicine in this State. The use of such a law is too well known to you to require a statement from me. Our State has now within its boarders more than one hundred men holding diplomas from the fraudulent schools of Philadelphia, which have so disgraced the country. Nearly three hundrd more driven by the law from Illinois have settled in our western counties, while the laws of other States have added many more to this number. Nearly every community knows of some irreparable injury done at the hands of these ignorant men. Shall Michigan continue to be the receptacle for all this filth cast out from other States and Canada?

Members of the last legislature state that the principal cause of the failure of the passage of the bill at that time was the want of agreement, among those asking for the passage of such a bill. Our society is desirous of securing unity of action among the profession throughout the State on this subject, and for this purpose we ask you (individually or through your local society) to send us forms of bills, suggestions or anything that you may deem of value on this subject. Our society asks that every regular graduate of medicine in the State, seeing this letter, will consider himself as addressed personally, and will let us hear from him individually or through his local society as soon as possible. (Officers of societies in sending communications will please give name of society in full and number of members.) Let it not be said any longer that Michigan has no law regulating the practice of medicine, because the physicians of the State will not work at all, or will not work together on the subject. It is the duty of the profession to agree upon and present some bill to the legislature.

Your correspondence will be turned over to a committee which will endeavor to comply with the wish of the majority (all agreeing to be governed by the majority) and you will be notified of further action in this matter.

Address communications on this subject to

V. C. VAUGHAN, M. D.,

ANN ARBOR, MICH.

Transplantation of Skin from the Sheep to the Human Body.—A Chicago correspondent writes of a curious experiment at the Cook County Hospital in that city, by Dr. E. W. Lee, by which it is sought to transplant skin from the body of a sheep to that of the human subject. The case has excited much interest in the professional circles which have been cognizant of the operation.

The subject of this experiment (that is, the human subject) is a girl about ten years of age, who sustained an extensive burn on the back a year and a half ago. A large granulating ulcer remains, despite all efforts to induce healing. Skin grafting has been faithfully practiced, but without success. The child has of course been obliged to lie prone most of the time, and has become greatly reduced. A few weeks ago an attempt was made to transplant a flap from the thigh of her older brother, but the flap sloughed. That failing, Dr. Lee began at once to experiment with flaps and dissections from the sides of sheep. His first subject, a lamb, nearly full grown, was lost, soon after the dissection of the flap, from the shock of the operation. He next operated on two other lambs, dissecting up two moderate-sized flaps from each, placing oiled silk beneath them to prevent adhesion, and dressing them antiseptically. These animals were then turned out to grass in the hospital yard, and were also fed on milk, with occasionally a small admixture of whisky. They took to this diet with avidity. After several days—nearly two weeks—had elapsed and the animals were vigor-

ous, the operation of the application of the flaps of one of them was made. A new flap was dissected from between the two already made, and applied in the same manner as the others. The new flap has made a firmer adhesion than the old ones. The lamb is fastened in the standing posture, in a wood cage, its body being securely fixed and sustained by plaster-of-Paris bandaging of its limbs and quarters. Perfect coaptation and perfect immobility are secured. The patient has improved in appearance and general condition since the operation and the lamb shows no signs of failing health.

At the date of the writing six days had elapsed since the operation and unions of all the flaps seemed to be perfect. Of course when they come to be separated from the lamb they may suffer and perhaps slough, but the experiment has demonstrated the fact that the skin of the sheep will adhere to a granulating surface on the human body.

New York Confectionery.—The *Medical Record* analyses recent statistics and deducts the following painfully interesting facts. The methods of the confectioner as mentioned are by no means confined to New York. A conscientious patron of ours in this city, who years ago amassed a considerable fortune, was obliged three years ago to discontinue his business from lack of support, his more wealthy customers even ceasing to patronize him, becoming tired of paying him for unadulterated goods, when they began to find out that they could buy an equally beautiful and scarcely less palatable article, but still a vile compound, for half the price. People deliberately poison their children to save a few paltry pennies. We may "deliberately," for it would reflect on the intelligence of the masses to suppose that they are not aware of the adulterations practiced in this matter of confectionery, the matter having been so thoroughly ventilated by the public press, and yet it seems incredible that such things can be:

The statistics of the manufacture of confectionery in this city have recently been completed. The factories were found to number 310. The report states that the wholesale trade is active and thriving, but that the smaller manufacturers who make and retail their own goods, complain of dullness in trade and small profits. These dealers allege that most of the lare manafacturers adulterate their goods largely with grape sugar, glucose, terra alba or white earth, and other injurious ingredients, and can thus afford to sell their products for a less price than small manufacturers pay for sugar. They also say that that they cannot use these adulterations in their way of manufacturing, and would not if they could; that if the authorities continued to allow the adulterated goods to be sold as sugar candies, the honest manufacturers will have to leave the business or retail the adulterated goods of the large houses. The cost of granulated sugar by the barrel is ten and one-half cents, while that of grape sugar and glucose is four cents, and of terra alba one cent. They allege that the adulteration is from fifty to seventy-five per cent. of impurities, and in gum drops much more. They say that the consumption of these adulterated candies is the cause of more sickness and death among the children of this city than all the sewer-gas and dirty streets combined.

Resuscitation of the Apparently Drowned in Verse.—The man who occasionally "drops into poetry" or "throws off a few lines of verse in a leisure moment," is not unknown in the ranks of medicine. Here is one who favors the *British Med. Journal* with an effusion:

This is the plan taught by man
  In America, much renowned,
To give back breath, and snatch from death
  A body apparently drowned.

Those who are standers by
  Off his wet things now must take,
Must rub him very warm and dry,
  And of his clothes a bolster make.

The first step is to make him sick,
  So turn him on his face;
Your roll beneath his stomach stick,
  And the corresponding place
Upon his back press thrice or more;
  Each time you press count four.

The next thing is to make him breathe,
  Therefore turn him round,
Put your roll a bit beneath
  Where the shoulder-blades are found;

Then place his arms above his head,
  His hips between your knees;
Your hands upon his ribs you spread,
  And his sides together squeeze.

With elbows steadied on your hips,
  You sudden forward press;
The weight of your body as it tips
  Will make this labor less.

Backwards and forwards now you go,
Eight or ten times per minute, slow,
At the very least for an hour or so.

If the breathing does come back,
  Let it have its way;
But if it should get too slack,
  Quicken it you may.

When he breathes the standers by,
Who all the time have rubbed him dry,
Put him in the bed they will,
And leave him now to doctor's skill.

How to Cure a Cold.—One of our readers who has been troubled with a severe cold on the lungs, effected his recovery in the following simple manner: He boiled a little wormwood and horehound together, and drank freely of the tea before going to bed. The next day he took five pills, put one kind

of plaister on his breast, another under his arms, and still another on his back. Under advice from an experienced old lady, he took all these off with an oyster knife in the afternoon, and slapped on a mustard poultice instead. Then he put some hot bricks to his feet and went to bed. Next morning, another old lady came in with a bottle of goose-oil, and gave him a dose of it on a quill, and an aunt arrived about the same time from Eccleshall, with a bundle of sweet fern, which she made into tea, and gave him every half-hour until noon, when he took a big dose of salts. After dinner, his wife, who had seen a fine old lady of great experience in doctoring on High-street, gave him two pills of her own make, about the size of a walnut and of similar shape, and two tablespoonfuls of home-made balsam to keep them down. Then he took a half-pint of hot rum, at the suggestion of an old sea-captain visiting in the next house, and steamed his legs with an alcohol bath. At this crisis two of the neighbors arrived, who saw at once that his blood was out of order, and gave him a half-gallon of spearmint tea and a big dose of castor-oil. Before going to bed, he took eight of a new kind of pills, wrapped about his neck a flannel soaked in hot vinegar and salt, and had feathers burnt on a shovel in his room. He is now thoroughly cured and full of gratitude. We advise our readers to cut this out and keep it where it can be readily found when danger threatens.—*Students' Journal.*

M. Maurice Koechlin, of Mulhouse, was recently graduated as a bachelor of arts at Rouen, at the age of sixteen years. The remarkable thing in the case is not alone the youth of the graduate, but the fact that he is a deaf mute, having been born in that condition. His wonderful success in spite of his great natural disadvantages has created quite a sensation.

The students attending the funeral of the late Baron von Hebra, which was at his special request quiet and unostentatious, laid on the tomb a floral cross of great size, bearing the beautiful inscription:

"Wer in Gedæchtniss seiner Lieben lebt,
Der is nicht todt, er lebt nur fern,
Todt ist der, der vergessen wird!"

The French government has set an example worthy of emulation in allotting to M. Pasteur the sum of $50,000 francs (about $10,000) for the purpose of enabling him to carry out his researches on the contagious diseases of animals. It will be remembered that M. Pasteur has struck a lead in the matter of chicken cholera which promises a yeld of great importance.

A paragraph, from the *Arkansas Medical Monthly*, has been going the rounds of the medical press, which would seem to answer the question so often asked, "What are mosquitoes good for?" The troublesome insect would seem to be possessed of aphrodisiac properties rivalling those of damiana itself. A traveler in the southern part of Arkansas was struck with the great number of pickaninnies he observed on his route. Stopping at a house where they abounded more plentifully, if possible, than at other houses, he enquired of the maternal guardian the cause of the universal fecundity. "Oh my dear sir," she answered, "the mosquitoes are so bad in this country that we uns can't sleep at night."

The fifth annual meeting of the American Academy of Medicine, the institution membership in which is confined the M. A's and B. A's in the profession, has been postponed until Tuesday, September 28th, on which date it will convene in Manning Hall, Brown University, Providence, R. I., at 4 o'clock, P. M. The president, Frederick D. Lente, M. A., M. D., will deliver his address at 8 P. M. of the same day.

An American wishes to remove from the English mind the doubt of the possibility of the cisatlantic stomach to subsist for forty days sans food. He has written a letter to the London *Lancet* in which he says he has fasted thirty days without inconvenience, and that he is willing to go to England and prove it, if desired. Our contemporary characterizes the proposal as a strange misdirection when addressed to an organ of medical opinion in that country.

Mr. Thomas A. Edison contributes an article to the October number of the *North American Review* in which he states he has succeeded in making the electric light entirely practicable for all illuminating purposes, he shows the advantages of electricity over gas, and explains how his system is to be introduced. He comments upon the unfavorable opinions that have been passed upon his work, and says that similar judgments were passed upon telegraphy, steam navigation, and other great discoveries. Other articles in the October number of the *Review* are: "The Democratic Party judged by its History," by Emery A. Storrs; "The Ruins of Central America," by Désiré Charnay; "The Observance of the Sabbath," by Rev. Dr. Leonard Bacon; "The Campaign of 1862," by Judge D. Thew Wright; "The Taxation of Church Property," by Rev. Dr. A. W. Pitzer; and "Recent Progress in Astronomy," by Prof. E. S. Holden.

Book Notices.

THE PRACTITIONERS HAND-BOOK OF TREATMENT: OR THE Principles of Therapeutics. By J. Milner Fothergill, M. D., member of the Royal College of Physicians, of London, Assistant Physician to the City of London Hospital for Diseases of the Chest, Victoria ark, etc. Second American from the second English Edition, enlarged.
Philadelphia: Henry C. Lea's Son & Co.. Detroit: Thorndike Nourse.

Dr. Fothergill has established for himself the reputation of being one of the most entertaining writers is the profession, this reputation having been largely won by his articles in the periodical literature. This being the case it is not strange that the first edition of the work before us should have been ex-

hausted in a comparatively brief time, thus necessitating the present edition.

The book is an effort in the direction of explaining the rationale of our therapeutic measures. It first gives the physiology of each subject and then the pathology as far as each bears on the treatment. The action of remedies is afterwards examined and then their practical application in concrete prescriptions furnished.

It is a characteristically philosophic work and one calculated to raise therapeutics from the routinism, and the prescribing for mere symptoms into which it is to be feared it has to an extent fallen. We can confidently recommend the book to those of our readers who feel that a work such as we have indicated would be an aid to their practice; and who of them does not?

THE BRAIN AS AN ORGAN OF THE MIND. By H. Charlton Bastian, M. A., M. D., F. R. S. Professor of Pathological Anatomy, and of Clinical Medicine in University College, London: Physician to University College Hospital and to the National Hospital for the Paralyzed and Epileptic. One hundred and eighty four illustrations.
New York: D. Appleton & Co. Detroit: Thorndike Nourse.

The title of this book is very expressive of the effort of the author. The question discussed is one which all physicians must frequently have had thrust upon them for an answer, for who is there that has not in watching the aberrations of intellect as a result of disturbed health, felt pressing upon him for an answer the query, Is brain the result of intelligence, or is intelligence the result of brain,—the effect or the cause of cerebration?

The book before us opens with a discussion of the uses and origin of a nervous system, and traces it in its development through the lower orders of animals, up to man. Among other questions of universal interest, discussed are Instinct: its Nature and Origin; The mental Capacities and Powers of Higher Brutes; From Brute to Human Intelligence; The functional Relations of the Principal Parts of the Brain; Phrenology: Old and New; Will and Voluntary movements; Views concerning the existence and nature of a muscular Sense.

The mention of these subjects will give some conception of the scope of the work. It is one of the higher order of books, and commends itself to the more advanced thinkers.

THE ART OF PROLONGING LIFE. By Christopher William Hufeland. Edited by Erasmus Wilson M. D., Author of a System of Human Anatomy." From the last London Edition.
Philadelphia: Lindsay & Blakiston. Detroit: Thorndike Nourse.

Hufeland, a philosophic physician, was professor of medicine in the University of Jena, and his book, of which that before is a translation, with such additions and amendments as the advances of science have rendered necessary, was written in 1797. It has since it first appeared been very popular in Germany, having passed through several large editions in that country. It is ostensibly a book for the people, but having passed through the hands of Erasmus Wilson and being replete with annotations from the pen of that master, it is a work which professional readers may read not only with profit but with great pleasure. It is sufficient to say of it that among the many books written on this subject, this is one of the very best.

The following on "Abstinence from Physical Love in Youth, and a too Early Assumption of the Married State" is to be admired not only for its sentiment but for its diction.

He who in Pleasure's downy arms
Ne'er lost his health or youthful charms,
A hero lives; and justly can
Exclaim, "In me behold a man!"

He prospers like the slender reed
Whose top waves gently o'er the mead;
And moves, such blessings virtue follow,
In health and beauty, an Apollo.

That power divine, which him inspires,
His breast with noblest passion fires;
These heavenwards soar with eagle flight,
And spurn the cold, dark realms of might.

So full of majesty, a god,
Shall earth alone be his abode?
With dignity he steps, he stands,
And nothing fears: for he commands.

Like drops drawn from the crystal stream,
His eyes with pearly brilliance beam;
With blushing signs of health o'erspread,
His cheeks surpass the morning's red.

The fairest of the female train
For him shall bloom, nor bloom in vain:
O happy she whose lips he presses!
O happy she whom he caresses!

WHAT TO DO FIRST, IN ACCIDENTS OR POISONING. By Charles W. Dulles, M. D., Surgeon Registrar to the Hospital of the University of Pa., etc. Price 50c,
Philadelphia: Presley Blakiston Detroit: Thorndike Nourse.

The following from the preface to this little work fully explains its design: "Whoever has seen how invaluable in the presence of an accident, is the man or woman with a cool head, a steady hand, and some knowledge of what is best to be done, will not fail to appreciate the desirability of possessing these qualifications. To have them in an emergency, one must acquire them before it arises, and it is with the aope of aiding any who wish to prepare themselves for such demands upon their own resources, that the following suggestions have been put together. They cannot take the place of calling a physician or surgeon, but may fill up with helpful action what might otherwise be a period of inaction and despair, before skilled assistance arrives."

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The following pamphlets have been received :

TRANSACTIONS OF THE STATE MEDICAL SOCIETY OF ARKANSAS. at its fifth annual session. R. G. Jennings, M. D., Secretary, Little Rock, Ark.

INTERNAL URETHROTOMY: Are the benefits to be derived from it, as now advocated for the relief of stricture, commensurate with its dangers? By Ambrose L. Ranney, M. D., Adjunct Professor of Anatomy in the Medical Department of the University of the City of New York.
New York: D. Appleton & Co.

ANNUAL ADDRESS BEFORE THE AMERICAN ACADEMY OF MEDICINE at New York, September 16th, 1879. By Lewis H. Steiner, A. M., M. D., of Frederick, Md., President of the Academy.
New York: Chas. L. Bermingham & Co.

A NEW METHOD OF PERMANENTLY REMOVING SUPERFLUOUS HAIRS. By L. Duncan Bulkley, A. M., M. D., Physician to the Skin Department, Demilt Dispensary, New York.
New York: G. P. Putnam & Sons.

TRUSTEES, FACULTY, AND GRADUATES OF DETROIT MEDICAL College, List of their names from 1869 to 1881, with addresses of graduates. Leartus Connor, M. D., Secretary.

PEPTONIZED MILK AS FOOD FOR INFANTS AND INVALIDS. By R. J. Munn, M. D., Prof. of Theory and Practice of Medicine in the Savannah Medical College, Savannah, Ga.
New York: William Wood & Co.

OPHTHALMIC OPERATIONS, WITH REMARKS ON AFTER-TREATMENS. The Ophthalmic use of Quinine and its Therapeutic Action. By A. Sibley Campbell, M. D., Augusta, Ga. Reprint from the Transactions of the Medical Association of Georgia.

REPORT OF THE BUREAU OF ORGANIZATION, REGISTRATION AND Statistics to the American Institute of Homœopathy.
Boston: Alfred Mudge & Son, Printers.

DIAGNOSIS OF MALIGNANT TUMORS OF THE UPPER JAW IN YOUTH. By L. McLane Tiffany, M. D., Professor of Operative Surgery, University of Maryland. Reprint from the Transactions of the Medical and Chirurgical Faculty of Maryland. 1880.

THE VINUM NUTRIO PHOSPHATICUM. From the Orthozoic Chemical Association, New York.

SUGGESTIONS ON THE MANAGEMENT OF NATURAL LABOR. By J. W. Singleton, M. D., of Paducah, Ky. Reprint from St. Louis Medical and Surgical Journal.

SEVENTH ANNUAL REPORT OF THE NEW YORK HOSPITAL FOR the Relief of the Ruptured and Crippled.

Original Articles.

Atresia of the Female Genital Passages.

BY C. HENRI LEONARD, M. D.

Professor of the Medical and Surgical Diseases of Women and Clinical Gynæcology, Michigan College of Medicine.

The following cases of Atresia, partial and complete, have occurred in our private practice during the past year. One of them is unique in its character, and from the others some useful lessons may be learned as regards the perniciousness of the use of nitrate of silver, and other strong caustics, in the routine treatment of endocervicitis or endometritis.

Case I. Mrs. H., æt. 52, widow now some two years. Has had only two children, these in early married life: she suffered from puerperal convulsions with both, though both born living. She reports having had thirty-two convulsions with the first. After that she and her husband were careful not to expose themselves to a chance for further conceptions; no abortifacients were employed. She, after a time, became troubled with the usual difficulties attending the sterile married state and so sought treatment, having been under the care of several specialists, one of whom (a homœopath) persisted in the use of solid nitrate of silver very freely, leaving a piece once within the neck. From this time she gradually grew worse—her periods less regular—and reflex symptoms more prominent. Through Prof. Brodie the case was handed over to my charge.

Examination showed the womb prolapsed, hard, and dense cicatrices extending across its vaginal portion, and within the cavity for a space of a half inch. The anterior vaginal wall was prolapsed, and with it a portion of the posterior bladder wall, thus forming a slight cystocele. The bladder irritation was quite marked, and she was unable to leave her bed. The uterus was nearly double its normal size, and exquisitely sensitive at the fundus, as brought out by bimanual examination. It was utterly impossible to pass the finest probe within the uterine cavity further than a half inch, here meeting with cicatrices formed from the sloughs produced by the action of caustics. After palliative treatment (local abstraction of blood and cotton pessaries, etc.), my operation of hysterotomy was made. The instrument used was my double uterotome, as figured below.

LEONARD'S DOUBLE UTEROTOME.

The blades of this instrument are very small, and can be easily inserted into an opening that will not

admit the passage of an ordinary Simpson sound, or the No. 11 (the smallest) point of my uterometric Sound. The outside edges of the blades are the cutting ones, hence when expanded, after, *in situ*, they cut on the withdrawal of the instrument.

In this case an opening into the regular uterine channel was made with a narrow bistory, then the closed blades of the instrument forced upwards into the channel to the distance of one inch, or above the cicatricial tissue, and then expanded so an incision of a half inch was made. It was just like cutting through a piece of cartilage, so dense and firm were the cicatrices. At a point one quarter of an inch above the incised membrane another stricture was found ; but this was quite readily broken down by the introduction of the successive sizes of the uterometric sound-points up to No. 20, French scale.

The opening was kept patulous by the daily passage of my uterometric sound-points (No. 18 being the one usually used—this corresponds to No. 12 of the American scale.) This enabled a thorough treatment, locally, of the inflamed fundus uteri. Furthermore, the lady, although so far along in life had not yet reached the menopause as she has menstruated freely since being under treatment. She had seen nothing of her courses for four or five months previous to my seeing her. She was kept quiet in bed for a few days so as to avoid danger of overmuch inflammation following the operation.

Case II. Mrs. ——, æt. 19. Seen with Professor Kerr. This young lady was pregnant about eight months. She gave a history of difficult coition, though no special trouble during menstrual periods. Had been treated by a lady specialist in this city some six months previously, for a *misplaced uterus*, and the doctor (?) claimed to have properly restored it. The lady, still feeling bad, and not being satisfied, went to others for consultation. Some diagnosed the trouble "imperforate hymen" ; at all events none were able *to touch the uterus at all.*

Examination revealed a very nice crop of carunculæ myrtiformes where the hymen should have been; but about one and a half inches, up on the posterior vaginal wall, and about one inch upon the anterior, there was a narrowing of the vaginal space, that resembled a thick, firm ring of cicatricial tissue, in its feeling, gradually obliterating the vaginal space at this point. The centre of this thickened tissue-ring was covered over with more of a membranous tissue. By touch the uterus could not be felt through the axis of the vagina, hence the diagnosis of a retroverted uterus and its replacement by the first attendant was decidedly far fetched. On introducing my speculum, and forcibly distending the contracted vagina, a minute opening was discovered in the superior portion of the membrane that stretched across the canal ; from this a drop of pus was oozing, and a fine pocket probe could be, with the use of some force, pushed through. It was through this minute orifice, probably, when undistended, not larger than the finest cambric needle, menstruation had taken place, and the spermatozoa found entrance to the uterus above.

An operation was decided upon ; so a couple of days afterwards Professor Kerr administered the chloroform, and after nicking into the membrane with a pair of scissors at the point of exit of the pus till the opening was large enough to admit of my smaller sound-point, I stretched it forcibly open by widely separating, first, my dressing forceps, then the scissor-blades, and then my two fingers, in the rent previously made in the membrane with the scissors. Hemorrhage was quite severe for a few moments, as the whole vagina was filled with varicose veins. The membrane was torn through sufficiently to allow easy and free access to the uterine mouth, which was found an inch or so above, and partially dilated with the head of the child presenting. We thought best, owing to the varicosity of the parts, not to incise the firm ring of tissue that was found at the vaginal walls proper, preferring to trust the rest of the laceration, or distention, to the throes of parturition. The lady was confined the next day, and everything went on as in ordinary cases.

This atresia was undoubtedly a congenital defect; the membrane in its thinnest portion was quite firm and not easily lacerated.

Case III. Mrs. ——, æt. 36, wife of a physician in the interior of the State. Referred to me by Prof. Brodie.

She gave this history of herself. Married six years; no children. Miscarriage three years ago. Has been regular till a year and a half ago. She now has, and has had since then, what she calls "ulcers" that break and discharge a large quantity of offensive pus (sometimes half a teacupful at once) four days before her monthlies came on. She is unwell every three weeks, and this has been characteristic of her periods. Pain is very excruciating at the commencement of the discharge, which lasts from six to nine days. The pain only lasts while the offensive pus-discharge continues.

Examination was very difficult owing to the extreme sensitiveness of the parts. The vagina was cris-crossed in every direction with cicatricial tissue, and the upper portion of its cavity obliterated. The uterus it was impossible to reach, owing to the pain it gave the patient. She left, and was to report again for examination under chloroform. The trouble arose undoubtedly from a miscarriage she had three years before.

Case IV. Mrs. M., also referred to me by Prof. Brodie, æt. 45. Married, but always sterile. Has been troubled with a great deal of back-ache, and irregularity of menstruation. At present cannot stand up or sit down without assistance, the bowels are so much bloated. Bimanual examination shewed the neck of the uterus pressed quite firmly against the pubes, and very tender ; the uterus considerably enlarged. The uterine mouth could not be detected with the finger, and on introducing the speculum it showed only as a slight indentation, no opening being present. The finest pointed probe could not be made to engage itself in it.

Taking Buttle's spear-pointed needle, I inserted it

into the uterine substance at the point of indentation, I pressed it upwards in the direction of the uterine canal, for the distance of a quarter of an inch, when all resistance seemed to have been overcome. Enlarging it sufficiently, with a bistoury, to admit my metrotome, before described, I then passed this in and made free division, antero-posteriorly, of the uterine mouth, so that my No. 24 sound point (equal to No. 16 of the American scale) easily entered the canal to the distance of half an inch. The uterus was found to measure nearly four inches in depth, and a fibroid, in size larger than an English walnut, was located in the posterior uterine wall. This tumor had, undoubtedly, caused the retroversion, and crowding of the neck of the uterus against the pubes. Whether this caused the atresia of the uterine canal, or not, I cannot say ; or whether the atresia was complete ; I am inclined to think the canal was still pervious, though I could not pass the finest probe I had through it. The lady had menstruated some months before this, though with a great deal of pain and but little discharge. After the operation the discharge, at the monthlies, was quite free, and with but little pain. The tumor, under the action of ergot internally, and iodine applications to the endometrium of the uterus, has nearly disappeared; though the numerous reflex symptoms attending the climacteric make the patient far from well. The uterine canal remains patulous, and is easily sounded, though nearly a year since I opened it up.

Case V. is somewhat similar to this, as regards menstruation, although there was *complete atresia*. This case was operated on though some five years ago, and was seen in company with Prof. Mulheron. It is related now to simply show that *complete* atresia may exist, and yet menstruation may occasionally take place. Mrs. ——, American, æt. 28, married ten years. She had two abortions produced with instruments by professional abortionists, and seven years before had induced one herself by using the stylet to a catheter. She said see "punched around a good deal, but finally got it to come away." She laid at death's door for a great many weeks following this, with high fever, painful abdomen and privates, and ill-smelling discharges. Since her recovery she has suffered violently at her periods, and, to quote her own language, knows "what the pangs of hell now are." These throes continue for three days, when a sudden gush deluges everything with blood, a few drops only preceding this final gush, and when this comes there is freedom from pain. She had been seen, and treated by numerous physicians, but all to no purpose ; the last, though a prominent medical man, had made the diagnosis of "inverted uterus," and had treated her steadily for two years, before Prof. Mulheron was called to see her.

On examination no os could be felt, and the mass presenting itself to the finger in the vagina was of a hard, cicatricial character. The uterus, through the speculum, showed cicatricial contractions across its vaginal surface, and at three points there were cicatricial indentations, probably where the catheter-stylet had been pushed into the normal uterine tissue. Where the mouth of the uterus should have been, was a smooth glistening membrane. I tried opening up the three points of indentation with a probe, and also with Buttle's spear, but could not strike the canal with either. Finally I introduced it over a point as nearly as I could judge, where the os uteri exterium should be, and was awarded, after introducing it a short distance, of striking into the canal. On withdrawal a half drachm of black blood and mucus followed it. This opening having been made, I introduced a probe to the fundus and found the canal to be two and a half inches in length. Dr. Mulheron introduced a tent after this, and kept the canal patulous, the result being complete relief to the patients sufferings for some months.

Here, then, was a case where the intense pain was due to the contractions of the uterus, overcoming the atresic membrane, and a formation of a new membrane, or adhesion of its edges at each menstrual crisis.*

Case VI. A babe (case reported at length in the *Obstetric Gazette*, August, 1880), with atresia of the urethra. The vaginal passage was entirely open. When my attention was called to the case the bladder was so distended with urine as to form a veritable cystocele. It was relieved by forcibly separating the labia (so as to put the urethra well on the stretch), and breaking the membrane, closing the urethra, through with a stiff pocket probe. On getting through the membrane, the urine spurted out to a distance of some four feet from the babe, so great was the bladder pressure. This breaking down process had to be gone through with for four days, before the urethra remained patulous. The child now makes, and has done so for some four months, her water all right.

No special or untoward symptom followed any of the operations above reported. Care was, however, taken to keep them in bed, and as free from liability to set up inflammatory trouble as possible ; antiseptic injections were also made use of freely.

No. 89 Miami avenue, Detroit.

Jaborandi in the Removal of the Effusion of Bright's Disease and Pleurisy.

CLINIC OF J. M. DA COSTA, M. D.

Professor of Practice of Medicine in Jefferson Medical College, Philadelphia, Pa.

[A special report for the MICHIGAN MEDICAL NEWS.]

J. M., 50 years of age and unmarried. Was brought into the wards last March. Has never suffered from rheumatism and has never had any

*Prof. Mulheron has informed me. since the above was written, that this patient's uterus is now again in precisely the same condition as it was prior to the operation. For two years he kept the os open by means of laminaria tents inserted at intervals of about two months, and in addition to this he at one time slit open the posterior wall of the cervix as far back as the cul de sac. The patient, despairing of any permanent relief, discontinued treatment, about a year after which an examination revealed not the faintest trace of an opening. Menstruation is now again attended with and expulsive pains and rupture, referred to in the text.

specific disease. She has always been regular in her courses. She states with a good deal of positiveness that she has been perfectly well all winter, and that she was only sick for ten days before the date of her admission. She then noticed that her feet and face began to swell when she was exposed to the vicissitudes of the weather. Finally, this anasarca became general. She had at the same time some loss of appetite with gastric pain and cough. When she was brought into the wards her whole body was greatly swollen, and she was somewhat feverish, the temperature in her mouth being 99°. The heart was beating feebly, or rather the sounds of the heart were feeble. She complained of pain and weight in the pit of her stomach, and of considerable dyspnœa. She passed but little urine. There was no heart murmur to be heard, although we made a very careful examination of that organ. The tongue was clear and the digestive disturbance not much marked. What was the cause of the dropsy? A clue was at once afforded us by an examination of the urine, which was found to contain an enormous amount of albumen. This albumen when precipitated, filled at least one third of the test tube. The microscope showed us that the urine also contained blood corpuscles, epithelial and hyaline casts and a few oil drops. Most of the casts were epithelial. I at once determined that the case was one of acute Bright's disease—Bright's disease complicating acute renal dropsy. This was, of course, self evident, but still one doubtful point remained to be cleared up. Had there, or had there not, been prior organic disease of the kidneys? This was at first hard to determine off hand. We had to wait until the acute attack had passed away under the proper treatment. The presence of casts and of blood corpuscles in the urine seemed to answer the question in the affirmative at that time. To-day we have the best of reasons for concluding that no disease of the kidneys pre-existed. The case has ended in entire recovery. The abnormal constituents of the urine have almost entirely disappeared. This case has been an extraordinary one, on account of the patient's very rapid recovery.

And now you will, of course, want to know in what my treatment has consisted. How have I brought it about that in the course of two weeks after her admission the patient is entirely well. The general dropsy, the albumen in her urine and the dyspnœa all gone together. I ascribe all my success in the treatment of this case to the free use of jaborandi. Five days after the jaborandi treatment was begun the whole face of the case was changed. The dose given was one drachm of the fluid extract thrice daily. This amount produced excessive diuresis and diaphoresis. I am convinced that in jaborandi we possess a most valuable agent for combating the dropsical complications of Bright's disease. It should be given either in the form of the infusion, or the fluid extract. In cases where uræmic poisoning is a factor, and where the drug is consequently not well borne by the stomach, I have administered jaborandi by injecting it into the bowel. Though the effects of the drug were not so striking as in the present case, I yet see no reason why it should not be given by the bowel first as well as by the mouth. I have also tried the drug hypodermically, but I prefer not to speak positively at present of its effects when so used. In one instance I will say that it did produce considerable irritation of the skin.

Now that the dropsy has all gone we are giving the patient dialyzed iron internally and hypodermically. This treatment is improving vastly her general health and nutrition. This origin of the disease in the present case is a very common one, viz., cold and exposure. In children acute Bright's disease generally follows scarlet fever. In adults it usually makes its appearance immediately after exposure to dampness and vicissitudes of weather.

PLEURAL EFFUSION.

Here is another case of a different kind in which jaborandi was also given with very decided benefit. L. M., æt. 23, a carpenter by trade, was much exposed last summer while at the sea shore. Has had occasional cough and pains in the left chest. This pain has been at times so severe as to prevent his work and compel him to lie by for a time. Finally it became necessary for him to give up his trade. Within the past four or five months he has has had dyspnœa, and has noticed blood in his sputa. Three months ago he was admitted to another hospital in Philadelphia. While there, his thoracic symptoms were found to depend upon the presence of a large pleuritic effusion. Aspiration was performed, and thirty-six ounces of clear, serous fluid was drawn off. After this operation the shortness of breath, chills and pain speedily ceased, and he was discharged, seemingly well. Since then there seems to have been a return of the effusion, for he tells us that the pains and dyspnœa came on again. He was admitted to this hospital (Pennsylvania) on the 29th of last November. He was then suffering from severe pain and dyspnœa, chills and general malaise. His temperature was about 101½°. Percussion showed that his left pleura was full of fluid. I was tempted to perform aspiration at once, (a second time), for the effusion extended very far up, pushing his heart considerably over to the right. The expiratory breath sound was very feeble. I have, however, been so often able to notice the fact that, when aspiration is performed more than once, the effused fluid is exceedingly likely to become purulent and so give rise to empyema, that I determined not to attempt surgical interference a second time, but to try a remedy which French clinicians have used in cases of pleurisy with very great success, viz., jaborandi. I ordered the resident physician to give the patient one drachm of the fluid extract of jaborandi four times each day. The results have been excellent. For nearly a week his temperature has been down to 98°–99°. The chills, pain and dyspnœa have altogether left him. His pulse has fallen to 86–90 per minute, and his respiration to 20. As regards the physical signs, I may state that there is no dullness upon percussion,

except at the very bottom of the chest, and that the respiratory murmur is clear as far down as a level drawn through a spot three inches below the angle of the scapula. The effusion has, therefore, almost entirely disappeared. There is not more than one-fourth of an inch difference between the measurement of the two sides. The patient has been sweating profusely while under the jaborandi treatment, so that I have no doubt at all but a large part of the effusion has been drawn off through the pores of the skin. He has also passed water very freely. The jaborandi has plainly acted very powerfully both as a diuretic and diaphoretic. The result is most gratifying to me. The man is practically cured, and what is better, I think his cure will be permanent. In general, it may be laid down as a common fact, that fluid removed from the chest by medicinal means is far less likely to recur than if removed by aspiration. Do not understand me as taking a position against aspiration,—it is a most valuable therapeutic agent which I often employ,—but I advise you always to use it as a last resort, where symptoms of dyspnœa and cardiac disturbance are urgent, and to try first and in every case to treat the patient medicinally.

Selections.

Bloodstains as Evidence in Criminal Cases.—The detection of bloodstains on linen or other articles of apparel, has often a melancholy interest to the medical expert and the criminal jurist. In many cases, the decision of court and jury has hinged upon the evidence afforded, or supposed to be afforded, by suspicious stains found upon the clothing or implements used by persons accused of murder. Not very long ago it was imagined by the public and even by members of the profession and enthusiastic admirers of the microscope, that human blood might be positively and easily identified by the microscope. Upon the extension of the scope of utility of the spectroscope, that instrument has also been held by many to be an unerring detective of blood.

But by degrees the illusion in regard to the positive and unassailable results of the microscope has vanished, and at present, (especially since the thorough investigation of the subject by Dr. J. J. Woodward, U. S. A.,) no expert would be found bold enough to assert, in the face of contrary evidence, that he can positively identify *human* blood by any microscopical device. The blood discs of the *dog*, especially, are so nearly of the size and shape of human blood that no means, at present known, will discriminate with absolute certainty between the two even in the fresh state, much less after having been dried and subjected to the methods of preparation necessary for microscopical investigation. The spectroscope does, with great accuracy, reveal the presence of blood, by the absorption bands characteristic of the hemoglobin, but cannot make any distinction between the various blood corpuscles affording the coloring matter.

But even were all of these difficulties successfully overcome, and could the minutest distinction be made between the different kinds of blood, such evidence would, in many cases, be rendered absolutely nugatory by the doubts thrown upon the source of the blood and its manner of transfer to the stained article by the following facts:

Having been applied to, last winter, to make examinations of suspected bloodstains, the thought occurred to me that there is a possibility of the transfer of human blood by means of predatory insects, such as the mosquito, the bed-bug and similar others. Experiments showed that the crushing of such an insect, loaded with its meal of human blood, will yield a stain of considerable size, much larger than I had anticipated. I then captured some mosquitoes, after they had imbibed their full of blood, and kept them alive in close confinement. They were then, after different periods of time, crushed and the blood examined, mixed with various menstrua for dilution. In all cases up to forty-eight hours I found a large proportion of the red corpuscles of human blood still unchanged, and quite readily recognizable. I next examined the blood of the mosquito, which had not been permitted to feast on the human subject. The size and color of these corpuscles of mosquito blood are so different from human, that no mistake can possibly arise from this source.

In the last few weeks Dr. E. Evers was kind enough to assist me in a considerable number of micrometric determinations of the human blood taken from the mosquito, after various intervals, and the corpuscles of mosquito blood proper. The task has been a laborious one, owing to various difficulties, not the least among which was the selection of a proper menstruum for dilution. Glycerine in various dilutions, gave excellent definitions of the human blood corpuscle, but left the margins of that of the mosquito so ill-defined as to make accurate measurements very difficult. After various trials we found alcohol of about eighty per cent. the best medium for examining mosquito blood, and very fair for the human blood corpuscle, although both shrink somewhat in the alcohol.

Our results * are as follows:

Human blood (after imbibition by the mosquito) averages (red corpuscle,) in dilute glycerine, 7.4 micro-milli-metres, (or 1-3200 inch); in eighty per cent. alcohol, 6.9 micro-milli-metres, (or 1-4000 inch.)

Mosquito blood averages in dilute glycerine, 1.8 micro-milli-metres, (or 1-14000 inch); in eighty per cent. alcohol, 1.4 micro-milli-metres, (or 1-18000 inch.)

The subject appears to me to be of sufficient importance to deserve farther investigation. However much we may regret that another prop is taken from the value of circumstantial evidence, derived from suspicious stains in murder cases, it is best to know and make proper allowance for any weak points of such information. For even if stains should now be

* These results are the average of more than 100 careful measurements.

wholly identified as derived from human blood, the accused may plead in his justification, that they are due to the agency of insects and cannot be allowed to furnish any proof of his guilt.

Since reading the above paper before the Society, investigations with the bed-bug (as yet very few in number) appear to show that the imbibed human blood is destroyed far more rapidly in them than in the mosquito. In one individual, after twelve hours, not a trace of the human blood corpuscle could be detected.—(Dr. Curtman, in *St. Louis Courier of Medicine.*

Analgesia by Rapid and Forcible Respiration.—To escape suffering pain, to avoid giving pain, are points of interest and importance to both patient and surgeon. There are many minor surgical operations, such as the extraction of teeth, the opening of abscesses, etc., which are of such brief duration that surgeons are reluctant to incur the risk of chloroform or the annoyance of ether, and which are yet attended with very great, sometimes intense pain. Especially in dental practice nitrous oxide gas has been used quite extensively, and with great satisfaction, but the facilities for its administration are not always at hand.

At a recent meeting of the Philadelphia County Medical Society, Dr. Benjamin Lee brought before the society the results of some observations and experiments which he had made upon the subject of analgesia induced by forcible and rapid respiration. From his paper published in the *Philadelphia Medical Times*, we gather the following facts concerning the subject :

His attention was first called to the subject by the report of a servant who had been sent to Dr. Bonwill, a well-known dentist of Philadelphia. She said that "Dr. Bonwill had pulled her tooth and did not hurt her a bit," that "he made her breathe as fast as ever she could, and before she knew it the tooth was out." There was no pain, although she perceived the jerk, when the tooth was extracted.

Not long after this, he had occasion to open an abscess in the perineum of a young man about twenty-five years old, rather delicate and decidedly nervous. After the young man had made rapid inspirations for about three-quarters of a minute, the doctor made an incision about an inch long and evacuated several ounces of pus. He continued the rapid breathing for at least a half minute longer, and was surprised to find that the operation was completed. He had felt nothing except a sensation of pressure upon the tumor. A fistulous communication with the urethra appeared in a couple of days, and it became necessary, ultimately, to lay open this fistula. Two bridles, each an inch broad, were divided with scissors on a grooved director; and by the same method perfect freedom from pain was secured, although the operation was, of course, much longer than the former one.

In another case where he lanced a felon, there was not the same success. The patient's nerves were completely unstrung from the intense and protracted pain which she had undergone; and she could not be made to breathe with sufficient force and rapidity to secure the desired effect.

Dr. Lee does not undertake to explain how this effect is produced, whether it is a form of hypnotism or the result of a modification of the cerebral circulation, brought about by the respiratory act. He merely brings forward the result of his observations thus far, believing that they show that by a continuance of rapid and forcible respirations for a certain length of time, it is possible "to induce such a condition of the nervous system that pain shall not be appreciated by the sensorium."

Dr. Bonwill has made use of this mode of securing freedom from pain in dental surgery for several years past, and especially during the last five years. He informs his patients that they will be fully conscious of all that occurs, and perceive every touch, but will feel no pain if they keep up the inhalations energetically and steadily during the whole operation. The inhalations must be at the rate of one hundred a minute. It is very difficult for a person to breathe more than one hundred times a minute, and "*for the minute following the completion of the operation the subject will not breathe more than once or twice.*" Very few have force enough left to raise hand or foot. Dr. Bonwill claims that the results of his experience are such that there is no longer any necessity for chloroform, ether or nitrous oxide in the dental office for the purpose of extracting teeth or deadening sensitive dentine.

Drs. Garretson and Hewson have made use of this system of rapid respiration in connection with the usual anesthetics in major operations where time is needed, and find a much smaller quantity of the drug to suffice than when it is given in the usual way. Dr. Hewson makes use of the rapid breathing to the exclusion of drug anesthetics in midwifery practice.

Dr. Bonwill's theory of the effect of the rapid respiration is : First. That there is diversion of the will-force in the act of forced respiration at the rate of one hundred per minute, which involves such concentrated effort that ordinary pain would make no impression while this abstraction is kept up.

Second. That there is a speedy effect due to the excess of carbonic acid set free from the tissues by the rapid respiration.

Third. That hyperæmia is caused by the rapid respiration retarding the flow of blood from the brain.

Further observation and investigation are necessary to determine the scope as well as the *modus agendi* of rapid respiration in causing analgesia, but if it shall prove as efficient in the practice of the many as it had done with Drs. Lee and Bonwill, it will be a very valuable discovery.—*St. Louis Courier of Medicine.*

Battey's Operation.—At the recent meeting of the American Gynecological Society, held in Cincinnati, September 1st and 3rd inclusive, Dr. Robt. Battey read a paper entitled, "What is the Proper

Field for Battey's Operation." It will be remembered that this operation was announced to the profession by Dr. Robt. Battey, of Rome, Georgia, in 1872. The operation was received doubtingly, and, for several years, the field for its employment was greatly restricted. Within the past year or two the operation has grown into great favor, and its practice is now confined by no means to a small class of cases. The growing popularity of this method of removing morbid manifestations in the female presents a problem very well worthy of careful consideration. No operation in the wide domain of surgery is so exposed to abuses or to injudicious practice as normal ovariotomy or spaying. In this country the operation has advanced slowly, and thus far its employment is confined to a limited class of patients. In Germany it has grown rapidly into favor; whilst in England it has made a great stride, having been performed by one surgeon, Mr. Lawson Tait, twenty-eight times in eleven months. The increasing popularity of the operation has called forth this very discreet and timely paper from Dr. Battey. In this paper the field for the application of this operation is pointed out by its author. The position is taken that the operation should never be one of election, that it is applicable only to certain classes of cases; cases, in the first place, incurable by any other means; in the second place cases menacing life, and, in the third place, they must be cases from which we may reasonably expect to relieve the patients of the direful consequences of their disease by a change of life.

Dr. Battey remarks: "He must ask himself, if she had her change of life next week, would she probably get well? If she would, I propose to substitute for the natural change of life an artificial one, and secure the same result artificially that nature accomplishes in the change of life. It has been my habit in all my cases to ask myself three questions: Is it a mortal case? Is it incurable by other known resources of the art? Is it curable by a change of life? If all these questions be properly answered, then the operation is a proper one. I foresaw at the outset that the conditions which must necessarily call for this operation cover a large part of the whole field of gynecological practice. They must be very variable under different circumstances."

The first class of cases in which the operation is advised is where there is an absence of the uterus with more or less irregular ovulation, and a violent nervousness of the system. In these cases, remarks the author: "There is no means of supplying a uterus to give rise to the monthly supply of blood, and the only resource is to go to the other end of the case and extirpate the ovaries which are simply surplusage in the system."

The second class of cases is where there is a complete occlusion of the whole metro-vaginal canal attended with violent, nervous or vascular perturbations.

A third class referred to are cases of menstrual mania or ovarian mania where reason becomes dethroned by reason of violent perturbations attendant upon this stoppage of the menstruation.

A fourth class of cases is where ovarian epilepsy is found. In another class there is a pernicious amenorrhœa that is utterly destroying the life of the patient. Interstitial fibroid tumors not amenable to any of the ordinary resources of art is another justification for operating in certain cases.

Dr. Battey closes by calling attention to a class of cases in which no one as yet has proposed this operation. In cases of contracted pelvis where abdominal section is required, he thinks it rational and proper to ligate and remove the ovaries. This procedure secures the patient from the possibility of a future necessity for the same operation.

Dr. Battey very adroitly points out the abuses which are likely to result from the two frequent employment of this operation, and by thus defining the classes of cases in which it is admissible, suggests a timely warning against a growing overzeal in its favor.

Spaying is an operation attended with comparatively slight risk to life. Its results offer great hope to a large number of women who suffer from ovarian disorders attended with nervous manifestations of the most distressing character. Many a female would gladly accept a menopause thus induced, rather than forego the delay of a functional subsidence.

Unscrupulous men may find in this operation a lucrative field for practice. It is open to great abuse, and its application should be guarded with great prudence by the profession.—*Maryland Med. Jour.*

Uterine Dyskinesia and the Treatment of Displacements.—Uterine dyskinesia is a new gynecological term, introduced by Dr. Graily Hewitt, and used to express the difficulty in walking that accompanies certain uterine diseases. In a report upon sixty-seven cases of uterine distortion or displacement coming under Dr. Hewitt's care, he noticed this symptom as occurring with remarkable frequency. Physical exertion induces a temporary exaggeration of the difficulty, hence exercise is given up and helpless invalidism is likely to ensue. Another point noticed in these cases, which, by the way, were of persons of the better class, was the frequent existence of starvation. Not enough food was taken, and the uterine tissues soften and lost their tonicity. In many cases, nausea was also a frequent symptom of the uterine displacement. This nausea sometimes led to the taking an insufficient quantity of food; the result was starvation; the starvation in these cases being secondary to the uterine disease.

The treatment employed was largely hygienic. In some starvation cases food was given every hour; sponge baths and friction to the skin were used. The postural method was largely followed. The patients were kept recumbent, in the dorsal position in the case of forward displacements; in the semi-prone position in cases of backward displacements. In cases of forward displacement the cradle-pessary, in backward the Hodge pessary, was employed. The sound was used at intervals to aid in restoring the uterus to proper shape, when the organ was found hardened in its distorted shape. The treatment of the cases generally covered a long time, but eventually most of the patients were restored to health.—*Medical Record.*

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

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Editorial.

Anatomy for the Student.

The studies of the student have for their end one or both of two objects, they being either disciplinary or utilitarian, or both. The former is necessarily subsidiary to the latter, and in the curricula of American medical colleges, at least, is given a very secondary place, and necessarily so because of the limited time devoted to preparation for the practice of medicine. It is taken for granted by our colleges that the student's mind has undergone a sufficient discipline before he enters the medical school. How far such a supposition is warrantable by the facts, it is not our object to argue at this time; the facts are before us and it becomes us while the college curriculum remains as it is, to consider only whether there exists the proper proportion in the time now devoted to the respective objects of study mentioned. This much, however, will be conceded by all, that the time devoted to the study of medicine is none too long to enable the student to become familiar with such divisions of medicine as are of pratical utility. This being a fact it will be further conceded that it is the part of wisdom for him to devote himself to utilitarian studies to the complete exclusion of the diciplinary.

In view of the above the question of how much of the student's studies are utilitarian, and how much diciplinary suggests itself. An honest answer to the question will strike some as somewhat iconoclastic. Such knowledge as is retained and such as is called upon in the actual practice of the profession being alone useful, the criterion of value is at once established. Under the present condition of affairs, and for our present purpose, it becomes us to inquire rather what is forgotten than what is remembered by the medical practitioner, of the knowledge his college days were spent in acquiring. Nine out of ten of our readers will answer that they have forgotten more of minute anatomy, the very knowledge which cost them the most effort to acquire, than of any other subject; and not one of the nine will say that the forgetting has disqualified him a whit as a general medical practitioner. They have not forgotten, neither will they ever forget, such knowledge of their anatomy as they find called into requisition in the discharge of their professional duties.

In the address on physiology, referred to in our last, by Dr. Michael Foster, the position is taken that topographical anatomy, among other subjects now taught, should be eliminated from the student's curriculum to make room for studies which are equally valuable for discipline and at the same time are of much practical utility. He appealed to his audience of practical men for support to his statement that of the huge mass of minute details of anatomy which in their youth they gathered with so much toil but a very small percentage remained fresh in their minds, even two years after they had passed the portals of the college; while after a few more years had passed nothing remained beyond a general view of the parts of the frame and perhaps a somewhat more special knowledge of particular regions, their acquaintance with which had been maintained by more or less frequent operations.

"No; it is as a discipline, and not for its practical utility, that anatomy has been so useful; and this, indeed, may frequently be recognized in the questions set at examinations. When the candidate is expected to describe, within the error of a few millimetres, the structures traversed by a bayonet thrust obliquely through the neck, or is invited to reproduce written photographs no less exact of the parts which from skin to skin, underlie a triangle or quadrangle drawn in ink on the front or back of the thigh, it is clear that the examiner has in view not the needs of practical life, but an easy means of testing the proficiency of the student in mnemonic gymnastics. Of the value of anatomy as a discipline there can be no doubt. In past years it has served as the chief culture of the medical student—as the chief means by which the rough material coming up to our great medical schools were trained to habits of accuracy, of exactness, of patient, careful observation, and their memories strengthened by exercise for the subsequent strain which would have to be put upon them by more strictly professional learning. In this aspect the very sterility of the subject was a virtue. The mere fact that the separate details seemed to hang loosely isolated in space, held together by no theory, by no ideas,—inasmuch as it made the learning a harder task, increased its disciplinary value. Most wisely did the leaders of our profession insist that no trouble or expense should be spared to afford the neophyte this preparatory scientific training; and that, as far as examinations and the like can go, no pains should be spared to compel him to avail himself of the opportunities afforded. Indeed, viewed as a branch of education, the machinery of anatomical instruction has not for many years past been equaled by any."

The *Chicago Medical Review*, in a recent number, refers to the fallacy of anatomical teaching, as usually conducted in this manner:

"An average college course on anatomy, as delivered at certainly nineteen out of twenty American colleges, consists of, say sixty lectures, which are mere rehearsals of one of the most inferior text-

books, viz.: Gray's Anatomy, and which lead the student from one dry and wearisome detail to another, and usually wind up at the middle of the subject, say the femoral canal, leaving the intricacies of the nervous system, the surgical anatomy of the great vessels, and visceral histology and topography almost entirely untouched. No judicious selection of subjects is ever made; insignificant arterial twigs, whose course is not even constant, and whose presence is of no importance to the surgeon, and minute and equally variable nerve twigs whose relations it is neither of a practical nor theoretical value to know, are described, or, it would be better to say, ground off, in an exhaustive manner, to be forgotten by the student when his professor leaves the room, and by the professor himself if he should chance to mislay his notes. On the other hand, those organs of the body which are of special value to every practitioner, the central nervous systems, the eye, internal and middle ear, eustachian tube, pharynx, larynx, heart, uterus and adnexæ, perineum, bladder and urethra, are glossed over neglectfully and superficially. To the competent and reflecting observer a visit to the average dissecting room is replete with countless incidents that may sugest pity for the students or sarcasm for the teacher, according to that visitor's inclinations. He will wonder, for example, why every student, from the beginner to him who is about to graduate, is compelled to devote an hour to taking off the superficial fascia on the thigh, a week more to the separation and cleansing of the muscles, and then compelled to leave the most instructive and practical portion, the knee and hip-joint, in disgust, at the state of the subject, instead of being permitted to examine their clear relations in the fresh state. Is it not provocative of irony to see a demonstrator of anatomy directing a student to expose the attrahens aurem, when he himself has never seen the vastly more important tympanic cavity properly exposed in his life? How many practitioners in medicine can recollect having had the heart, the great vessels, the bladder, rectum, uterus, vagina, ovaries and urethra, demonstrated to them in an intelligible manner at any time when they were students? Have they not been compelled to dissect the abdominal and thoracic muscles and fascias until the splanchnic contents were in the green stage of putrifaction?"

But topographical anatomy is not the only subject now required of the student for which some other subject might not profitably be substituted. The only argument in its favor, viz., that it is a mental discipline, should be set aside by the exaction of a proper preliminary examination before admission to our medical schools. The whole subject is one which commends itself to our colleges and particularly to the consideration of the American Medical College Association.

Huxley, the modern apostle of common sense, advises that such people as cannot be proven to be wrong but only to be absurd, had better be left severely alone.

Miscellany.

The Law of Slander as Applicable to Physicians.—The following paper on this subject appears in the August No. of the *American Law Register*. Our only excuse for copying it entire, and thus consuming so much space, is the interest and profit with which, we are convinced, our readers will peruse it:

There is, perhaps, no class of professional men more subject to abuse, and it is believed, more powerless to obtain redress than physicians. About clergymen, the law has thrown its protecting arm and public opinion has been wont to overlook, if not to pardon their shortcomings. The clergyman is a sort of privileged person, whose character is tried before and whose conduct is regulated by ecclesiastical tribunals to which the courts of law have relegated it. Lawyers can take care of themselves.

For alleged professional misconduct, incapacity or ignorance, for rumored unskilful treatment of diseases, physicians who choose may have recourse to legal proceedings. But to cowhide the editor or sue the newspaper for the circulation of a libel, may be said in either case to be social suicide. The physician must grin and bear it. But if he braves public opinion and asserts his rights, if he endeavors to obtain satisfaction at law, the chances are, to say the least, uncertain. It is doubtful, as the law now stands, what charges of misconduct in a physician in a single instance are actionable. One court (*Camp* v. *Martin*, 23 Conn. 86) has held that words spoken of a physician, charging him *merely* with ignorance or misconduct in the treatment of a particular case were not actionable, *per se*. The words were, "If Dr. C. had continued to treat her, she would have been in her grave before this time. His treatment of her was rascally."

Another court (*Secor* v. *Harris*, 18 Barb. 425) has adopted a contrary view in a similar case, where the words were: "Dr. S. killed my children. He gave them teaspoon doses of calomel; it killed them; they died right off, the same day." This last is no doubt a more aggravated case, but it is difficult to understand the grounds upon which the principle was distinguished in the two cases. The court said in the last instance that in the rendition of its judgment it was borne out by the authorities, while in the first case, the court was equally confident after having examined the authorities that none could be found, analogous to the case at bar, to justify an action for damages *per se*. Both, however, united on one case (*Sumner* v. *Utley*, 7 Conn. 257), as being in point, and it is amusing to observe what different constructions the two opposing tribunals gave to a case which must certainly have decided one way or the other. The Connecticut court said it thought that the case referred to so far from varying the rule as they had given it, intended to sanction it, and quoted at length from C. J. Hosmer, as follows: "I readily admit that falsehood may be spoken of a physician's

practice in a particular case, ascribing to him only such want of information and good management as is compatible with general knowledge and skill in his profession, and that when such a case arises, unless some special damage exists, his character will be considered as unhurt and no damage will be presumed. But on the other hand, it is indisputable that a calumnious report in a particular case may imply gross ignorance and unskilfulness, and do him irreparable damage. A physician may mistake the symptoms of a patient, or may misjudge as to the nature of his disease and even as to the power of the medicine, and yet his error may be of that pardonable kind that will do him no essential prejudice, because it is rather a proof of human inperfection than of culpable ignorance or unskilfulness. On the contrary, a single act of his, may evidence gross ignorance and such a deficiency of skill as will not fail to injure his reputation and deprive him of general confidence."

Now the New York court on the other hand, said that the doctrine laid down in the cases of *Poe* v. *Mondford*, Cro. Eliz. 620, and *Foot* v. *Brown*, 8 Johns, 64, both of which were adopted as authorities by the Connecticut court, had been repudiated. In the former defendant charged plaintiff with having killed a patient with physic, and it was held, that the words were not actionable *per se*, and that the law only gave an action for words affecting a man's credit in his profession, as charging him with ignorance or want of skill in general. In the latter the words were spoken of an attorney: "F. knows nothing about the suit, he will lead you on until he has undone you;" and it was held on the authority of the former that no special damage being shown, the action would not lie. Rejecting these two cases as unauthoritative, the New York court also quoted from the case of *Summer* v. *Utley*, *supra*, as follows: "As a general principle it can never be admitted that the practice of a physician in a particular case may be calumniated with impunity unless special damage is shown. By confining the slander to particulars, a man may be thus ruined in detail. A calumniator might follow the track of the plaintiff and begin by falsely ascribing to the physician the killing of three persons by mismanagement, and then the mistaking of an artery for a vein, and thus might proceed to misrepresent every single case of his practice until his reputation should be blasted beyond remedy. Instead of murdering character by one stroke, the victim would be successively cut in pieces, and the only difference would be in the manner of effecting the same result."

It is good to beat your adversary with his own weapons, and while the case of *Summer* v. *Utley*, decided in effect that slanderous words spoken of a physician were actionable *per se*, the court in *Camp* v. *Martin*, *supra*, notwithstanding, drew a favorable conclusion for holding that in its case slanderous works were *not* actionable *per se*. It is true that the case of *Summer* v. *Utley* was somewhat stronger than either of the other two, and may have furnished grounds for the distinction that was drawn between gross ignorance in a single instance, and gross ignorance generally in the treatment of diseases, but there seems to us to be little, if any, difference between a case where the words were that a doctor killed his patient, and one where they alleged that if he had continued to treat the patient she would have been dead by this time, so far as the presumption of incapacity is concerned. In *Summer* v. *Utley* the words imputed gross ignorance generally and particularly. The defendant said of the physician: "He has killed three and ought to be hung—damn him. They all died through his mismanagement. I have understood that he left an after-birth, and the man that would do that ought to be hung;" and on another occasion, addressing himself to Mrs. H., who had employed plaintiff as her physician, said: "He was the means of her sickness by cutting an artery in her head—damn him; you ought not to pay him a cent; if Mr. H. had taken him up for it, it would have cost him $400. It ought to be put in the newspapers." The rule may be said to be as Chief Justice Hosmer put it though it does not appear to be very clear: "This then is the correct principle, that the misrepresentations of a physician's practice in a particular case, if it does not warrant the presumption of damage is not actionable, unless special damages are averred and proved; but if from the nature of the calumny damages are inferable, the words are actionable."

The question s ill remains, when do the misrepresentations of a physician's practice in a particular case warrant the presumptions of damage? It is allowed that slanderous words alleging gross ignorance generally or such ignorance or thorough incapacity as unfits him for the proper exercise of his profession, are actionable *per se*. To say of a physician: "He is a quack;" (*Pickford* v. *Gutch*, Dorchester Assizes, 1787); or "He is an empiric and a mountebank;" "Vin. Abr. Act. for Words, S. a 12); or "He is a quack; if he shows you a diploma it is a forgery;" (*Moises* v. *Thornton*, 8 Term Rep 303);" or "He is no doctor he bought his diploma for $50;" (*Bergold* v. *Puchta*, 2 Thomp. & C. (N. Y.) 522); or "He is a drunken fool and an ass and never was a scholar;" (*Cawdrey* v. *Tetley*, Godb. 441); or "He has killed six children in one year;" (*Carrol* v. *White*, 33 Barb. 615); or "It is a world of blood that he has to answer for in this town through his igorance. He was the death of J. P. He killed his patient with physic;")*Tutty* v. *Alewin*, 11 Mod. 221); or "I wonder you had him to attend him. Do you know him. He is not an apothecary; he has not passed any examination. He is a bad character; none of the medical men here will meet him. Sever have died that he has attended to, and there have been inquests held upon them." *Southee* v. *Denny*, 1 Ex. 196.) In all these cases it has been held that damages are inferable without proof; but to say of a physician, "He is so steady drunk that he cannot get business any more;" (1 Ohio 83 n.); or "He is a two-penny bleeder;" (*Foster* v. *Small*, 3 Whart. 138); or to charge an allopathic physician with having met homœopathists in consultation, and that in the

opinion of the profession it was improper to do so and against etiquette, and further, that in the opinion of the profession it was disgraceful to meet a hmœopathic in consultation (*Clay* v. *Roberts*, 8 L. T. N. S. 397); or to charge him with adultery not necessarily touching him in his profession without showing that it was connected with his profession (*Ayre* v. *Craven*, 2 Ad. & E. 2), have been held not actionable *per se*.

While the authorities are generally agreed as to charges of gross ignorance or incapacity in the exercise of the duties of the physician, it is not easy to determine what words are actionable in themselves in special instances. In analogous, and even in precisely similar cases, the courts are divided. Where the words were: "He killed my child, it was the saline injection that did it;" (*Edsall* v. *Russell*, 4 M. & G. 1090); or "He has killed my child by giving it too much calomel," (*Johnson* v. *Robertson*, 8 Porter 486), they have been held actionable *per se*. And, on the contrary the words, He has killed his patient with physic," (*Poe* v. *Mondford*, *supra*,) or "In my opinion, the bitters A fixed for B, were the cause of his death," (*Jones* v. *Diver*, 22 Ind. 184), or "He gave my child too much mercury, or made the medicine wrong through jealousy, because I would not allow him to use his own judgment," (*Edsall* v. *Russell*, *supra*), have been held not actionable in themselves.

In the examination of these cases, it will be found that where the physician is charged with killing his patient, the words have been held actionable on account of the imputation of crime which they import, and the only case in which such language has been held not actionable, is that of *Poe* v. *Mondford*, of an early origin. The case was rejected by the court in *Secor* v. *Harris*, on the ground that it was decided at a time when the doctrine of *mitior sensus* prevailed. And as for the case of *Jones* v. *Diver*, the court held that the words were not actionable, because they did not import a charge of murder; that if the defendant had said that "the bitters Dr. D. gave John Smith, caused his death; there was enough poison in them to kill ten men," he would have been held guilty of the charge, and the words have then been actionable.

How such words necessarily import the crime of murder or manslaughter, in the absence of any expression of intention, is not quite clear. This was not the ground of the decision in a case of a non-professional, charged with having destroyed the life of patient by mistaken, but well-meant, efforts to save his life: *March* v. *Davison*, 9 Paige (N. Y.) 580. But even if the words do not import the charge of crime or of gross incapacity generally, there seems to be reason for holding that they should be actionable. It is true, as was said in a former case, that a physician might make a mistake in his treatment of a disease, because it was rather a proof of human imperfection than of culpable ignorance, but the consequences are often as fatal to him as though the charge was a general one. His mistake might be of "that pardonable kind" which would do him no injury in his profession, but the public might not pardon it. And what if he is not guilty of the charge? What if he has done his duty towards his patient, and has adopted every means in his power, and such as were recorgnized in the profession as suitable for the case, to restore him to health? The consequences, so far as the public are concerned, are the same, with the additional mental suffering which every man must undergo whose conduct and whose actions are grossly misrepresented before the community at large. True, the law does not deny him remedy, if he chooses to take it. Perhaps it would be more fatal to resort to legal proceedings in any case. If he does, he is compelled to show special damages, for none will be inferred. This alone would cause many to hesitate before bringing an action. The difficulty attendant upon proving damages, the length of time intervening between the publication and consequences of a slander, would deter many from the prosecution of the slanderer.

As the cases now stand, one may bring almost any charge of misconduct against a physician in a particular case, without subjecting himself to an action for damages *per se*, provided it does not come within the category of a statutory crime, or impute to him generally incapacity.

Cui Bono? — In contemplating the periodical hegira of newly-fledged "Doctors" to the rural districts it may seem almost incredible to believe that any considerable portion of them have ever devoted much time to introspection, else like a religous sect of old they might be found spitting, hawking, and blowing the nose, with a view to expel the devils they had swallowed in the shape of conflicting instructions given them concerning the healing art.

That the intelligent and conscientious student of medicine does not, at least in part, appreciate the grave responsibilities he undertakes, it were folly to assume; what then must be his chagrin to realize that the foundations of the so-called science are laid in the airy hypotheses of empiricism; that the methods of the materia medica are changing like the colors of the kaleidoscope, while his successful rival, whose stock of intelligence is measured by the capacity of a thimblefull of brains, deals out "Hydrarg. Cum Creta" and "Pilulæ Rhei Compositæ" with the stolid indifference of a Choctaw Indian.

To the public, as well as to the timid student, the business of making more doctors to prey upon a long-suffering community would apparently seem to be a work of supererogation; but in spite of the multiplicity of apothecaries' shops and their almost innumerable variety of variegated mixtures, there is a cry raised to the physician "come and help us," and and as soon as a young gentleman has sat for six months on the catheter of a medical college he is presumed to be as well qualified to compound the diabolical stuff as the oldest in the business. However it must be a consolation to mankind that the doctors of to-day, with all their faults, are immensely superior to those of a quarter of a century ago, and

the relief experienced by a patient in realizing that he will not be compelled to take pills until he is at death's door, and then be bled in order to give him a good chance to recover, will certainly go far towards promoting a speedy and favorable termination.

Socrates said "God-like is the doctor who is also a philosopher" and our hope for the future of the art is in the scientific practititioners of the present century; men who accept the fact that the thaumaturgic era is past and gone forever; men who will scorn to acknowledge their dependence on any pathy in opposition to reason and judgment; men who will do their utmost to banish to the limboes the unnatural and barbarous practices of the illiterate horse-doctors; men who will join heart and hand to usher in the golden age the promise of which is seen even now in the dim perspective, where all curable accidents will be cured, and all preventable diseases will be prevented.

It is no small satisfaction to the student of to-day to look forward to the time when the duties of the scientific physician will be that of a practical hygienist, and instead of powders, pills and decoctions, he will with confidence prescribe fresh air, pure water and good food so that his patrons, their children and their children's children shall rise up and call him blessed.

It has been the custom for generations for all scions of Æsculapius to foist on the people the tenets of their favorite theory, and many a valuable life has been spent in the vain endeavor to proselyte to a cause, all the more precarious because unreasonable and contrary to experience, but the honest investigator in the present enlightened age, though compelled to run the gauntlet of criticism is in no danger of being drawn into the vortex of sciolism so long as his advanced theories are based on a rational empiricism.

Unfortunate for mankind, but yet it is too true that the medical men of the past have inadvertently forged the shackles that irrevocably bound them in the thraldom of bigotry, and hedged in their work by the meshes of mystery and superstition, and until a comparatively recent period the business of the physician has been more like that of a mechanic than an artist.

Having thus briefly but imperfectly sketched some of the outlines of medical practice, we come to the heading of this article, and while we cannot do otherwise than congratulate ourselves on the advances due to education and civilization, it is not to be forgotten that insanity as a concomitant is not only keeping pace but is spreading and increasing to such an alarming extent that in all candor we must ask the profession, cui bono?

Your correspondent is not a sufficiently enthusiastic admirer of optimism to coincide with Herbert Spencer in the belief that progress is a gradual process of self adaptation of man, and that it is only a question of time when this adjustment will be complete and human happiness perfect, neither has he been so far misled by chronic grumblers as to adopt a pessimistic view of things; yet he looks to the faculty for an expression of the hope that is in them concerning this demoralizing tendency, this cancer in society, and again seriously asks what good can be accomplished, what coördination of moral influence can be employed that will mitigate if it can not prevent this threatened psychological interregnum? ***

Quackery Years Ago.—In a French work entitled "The Art of Medicine, or, The True Means of Succeeding in Medicine," published in Paris in 1843, we find the following amusing anecdote, which tends to show that the quackery of to-day is no new thing:

"During a journey which Barthez was making in the South of France, he resolved to visit Bordeaux. Arriving in that city, he put up at the Hotel d'Angleterre, which was the rendezvous for all travelers of distinction.

The morning after his arrival, very early, his sleep was broken by a confusion and noise which was going on upon the stairs. It sounded like a crowd of people coming and going, ascending and descending without cessation. Barthez rose in haste, and quietly half opened his door to find out the reason of all this commotion and to know if they were not patients who wished to consult him; they certainly were patients, but alas! they passed his door as if scorning him and repaired to an apartment opposite his own, on which was a large placard above the door, bearing the inscription:

"Consultation gratis!
Medicines only charged for."

Barthez closed his door in confusion; during the whole day, and the following one, the mob never ceased.

Lucky confrère! said he to himself; he takes them all and does not leave even the most trifling consultation to a physician, who, without doubt, is in no sense his inferior (Barthez had good cause to pay himself the tribute.) "Who is this man who is in such vogue?" He inquired of the servants in the hotel; the doctor was only known there by name: his name was Dr. Laurent, and every one repeated: "It is Dr. Laurent."

One day Barthez being at the head of the stairs, his unknown confrère emerged from his apartment, muffled in a rich dressing gown and wearing a black velvet cap fringed with gold. He saluted Barthez humbly, who, utterly astonished, suddenly exclaimed: "What, is it you, Laurent?" In fact, it was Laurent, his old servant!

"Yes, sir, it is I."

"But how? Since when? Who the deuce made you a doctor?"

"You, Sir, and I owe you my fortune. You remember, without doubt, that when I was in your service, I accompanied you everywhere, in your professional visits, and that you employed me to convey your opinions to your numerous patients. Well, I listened to all that you said, read all that you wrote, and with all this and the help of a few good formulæ, that I had stolen from you. I made a

science of my own, which you see has produced me something handsome."

"You astonish me, Laurent; but your success surprises me still more; and I am so much the more astonished that I, who have been here fifteen days, and whose presence in Bordeaux ought to be known, have not had a patient, while you ——," he added smilingly; "but what kind of a city is this?"

"It does not differ from others, Sir, and fools are plentiful here, as everywhere else. Your astonishment, permit me to tell you, does not become a man of talent, like yourself. Answer me: how many sensible people do you suppose there are in a population of 120,000 souls? 500? 1,000? 1,500? I will grant you 2,000. Well, these 2,000 are your property; but the remaining 118,000, who are fools, are mine, and you can look to them for nothing. Hence you need not be surprised at my numerous clientèle."

Barthez reddened, said farewell to Laurent, and left Bordeaux the same evening, promising himself, in future, not to have such great confidence in his profound wisdom.

This anecdote proves that the supply of quacks will fail the fools, before the supply of fools will fail the quacks.

Something Positively New.—*Gaillard's Medical Journal:* Every one has been annoyed by finding that something carefully studied and remembered as really new, proved subsequently to have been well known for generations, and sometimes even for centuries. When fossil skulls have been found with apertures, evidently made with the trephine, and, as in Peru, with apertures made even with the conical trephine; when the Récamier speculum has been found fairly represented amid the exhumed curiosities of Herculaneum; when it is found that the most complete tourniquet of the nineteenth century was used by Petit more then a century ago; when many of the best surgeons purchase a steel engraving representing the first use of the ligature by Ambrose Paré, and learn that the ligature was used by Fabricius in the seventeenth century, and even recommended by Scultetus; when one reads all that is said of the invention of acupuncture by Sir James Y. Simpson, and finds that acupuncture was familiar to surgeons who lived in the latter part of the seventeenth century; when, as is claimed, the production of anæsthesia for surgical purposes belongs, as a discovery, to Wells, or Morton, or Jackson, or Long, and finds that it was used in Spain in 1498, and that long before this time Guy de Chauliac was familiar with this process; when one reads of antiseptic drainage tubes as suggested by modern gynæcology and finds that Hippocrates used them, and that during the 15th century all surgeons were familiar with them; when obstetricians are noisily prating about Crede's method of expressing the placenta, and find this method in familiar used by the old squaws of the Kiowa tribe of North American Indians; when delineations of Chamberlain's forceps are found in an Egyptian temple for centuries buried under the sand, and that these same people "filled" decayed teeth with gold, etc., etc., etc., the most confirmed enthusiast in regard to the inventive faculty of the nineteenth century becomes impotent, and is helplessly inclined to believe the familiar old aphorism that "there is nothing new under the sun." And yet the *Medical Times and Gazette*, of June, 19th describes a writing desk which in construction and material is believed to be without precedent or parallel. Is it something really new, or was the same kind of desk in use by either a proximate, or ante-deluvian ancestry? Here it is—

"The *Medical Times and Gazette* of June 19th reports the removal of a scrotal tumor in Calcutta from a Hindu. The patient weighed 276 lbs. before the operation. The tumor after removal weight 110½ lbs., or, making allowance for the contents of the hydrocele, at least one-half of the man's original weight. The growth commenced shortly after puberty. *Its great size made it useful as a writing-ing desk for the patient.*"

Dr. Charles Thomas Jackson.—Born at Plymouth, Mass., June 21, 1805, graduated in medicine at Harvard in 1829, died at Somerville, Mass., Aug. 29, 1880.

This is a brief record of the birth and death of the last of the claimants of the honor of the discovery of anæsthesia. Morton, Wells, Long and Jackson have now all passed away, but still the question of who first discovered anæsthesia remains to disturb the minds of their several descendants and friends.

Among all the claimants, he who last died, was the most scientific, and his claims coupled with the evidence, go to show that his discovery of anæsthesia (for all of the claimants were in a sense discoverers) was least the result of accident. Dr. Jackson was one of the most active scientists of this country, and an eminent geologist, but singularly unfortunate in the matter of securing recognition of his labors in original work. In addition to being a claimant for the honor of the discovery of anæsthesia, he laid claims to the discovery of the electro-magnetic telegraph. He visited Paris in 1830, where for several years he devoted himself to the study of magnetism and electricity, and brought home with him an electro-magnet, galvanic batteries and other apparatus. On his homeward voyage he had, as a fellow passenger, Dr. S. F. B. Morse, to whom he claims to have communicated his views of the possibility of an electro-magnetic telegraph, these views embodying the essential features which Dr. Morse had covered by patents in 1840.

Dr. Jackson claimed to have commenced his experiments in anæsthesia as early as 1834, but unfortunately took no steps to give his discoveries a practical application until after Morton and Wells made public their discovery. His claims were recognized by the French Academy of Science which divided equally between him and Morton a prize of five

thousand francs, declaring Jackson to have been the original discoverer of etherization, and Morton to have been the first to apply the discovery to surgical operations.

HUMAN *vs.* EQUINE ENDURANCE.—A recent six days' contest at Chicago between men and horses demonstrated the fact, which has often been doubted, that the endurance of the human animal is greater than that of the horse. The contest was between trained pedestrians and horses which had given previous evidence of speed, and which had undergone such training as was supposed to best fit them for the effort. The men not only covered more miles in the allotted time but did it without very great apparent fatigue, while the treatment to which the horses were subjected to keep them on the track, was such as to threaten their owners with prosecution for cruelty to animals.

Experiments were sometime ago made in Paris which go to still further establish the superior endurance of man, the recent fasting feat in New York being taken as a test of his powers. The experiments in Paris were conducted with a view to determining the capacity of the horse to undergo the privations incident to a state of siege. They showed (1) that a horse may hold out for twenty-five days without any solid nourishment, provided it is supplied with sufficient good drinking water. (2) That a horse can barely subsist for five days without water. (3) If a horse is well fed for ten days but insufficiently provided with water throughout this period it will not outlive the eleventh day. One horse from which water had been entirely withheld for three days, drank on the fourth day sixty liters (sixteen gallons) within three minutes. A horse which had received no solid nourishment for twelve days was nevertheless in a condition on the twelfth day of its fast to draw a load of 279 kilos (625 pounds).

ANCIENT BOGUS DIPLOMAS.—It was charged by a contemporary some time ago that Jenner, of vaccination fame, held a diploma for which he paid, but for which he furnished no evidence of qualification, and the charge has not yet, to our knowledge, been refuted. That there were institutions in the past which ground out diplomas to order, and that the famous (or rather infamous) Philadelphia concern of that ilk was not without precedent would seem probable from the following anecdote of Rabelais: In his time, (in the early part of the sixteenth century), the old University of Montpelier was reputed to be given to the crooked ways of Buchanan. It sold diplomas extensively, in many instances even dispensing with the presence of the buyer, presumably making use of ye ancient mails in the fraudulent practice. Rabelais, satirist that he was as well as physician and philosopher, played the role of the Philadelphia *Record* and put up a practical joke on the venerable Faculty. He addressed them a formal application, on behalf of a young friend, dwelling on his profound learning and wonderful skill in medicine. Enclosing the customary fee, he ended with the request that the degree of M. D., be conferred on this friend, whose name was Johannes Caballus. In due course of time the precious sheepskin arrived, but the rage of the faculty may be better imagined than expressed, when the report reached them that they had made a jackass a doctor; M. Johannes Caballus being none other than Rabelais' favorite jackass."

WHAT IS MAN?—*Boston Journal of Chemistry*: Some opine that his ancestors were apes of comparatively recent date; others make him out to have developed from a pre-historic lump of marine jelly. In this uncertain state of affairs, it is satisfactory to have every doubt cleared up, for good and all, by Prof. Charles Deesy, of Fuenfkirchen, who is in a position to assure the world at large that men are derived from frogs, and will at some future period return to their original batrachian condition. "At the beginning of all terrestrial things," says the learned professor, "a frog-like mammal ruled the waves. It could live in the air as well as in the water, but preferred the latter as a regular and permanent place of residence. This froggy beast is nowadays called man. He cannot even now get on without salt, to the consumption of which he became accustomed when he was a simple frog; and the divisions between his fingers and toes, formerly filled up by the swimming apparatus his ancestors have retained, cannot but carry conviction to every unprejudiced mind. Nothing is more absurd than to suppose that man is descended from monkeys. Just the contrary is the case. The modern monkey is a broken-down, degenerate man, and it is doubtful whether he has it in him to become a frog, in the fulness of time, as will his robuster human ancestor when the moon and earth shall come into contact. Then universal submersion will occur, and the frog-man-frog will become the heir to all the ages, to the full results of time."

PRESERVATIVE FLUID.—The preservative fluid of the German government is made up of: Alum, 100 parts; common salt, 25; nitre, 12; potass. carb., 60; arsenic, 10; and water 1000 parts. Mix, cool and filter. Then add to ten parts of this fluid, by measure, four of glycerine and one of methylic alcohol Bodies saturated in this will, it is claimed, keep for years, their form, color and flexibility. The method is partly by injection and partly by immersion. The smaller objects of natural history collections, as snakes, birds, fruits, butter-flies, algæ, etc., are preserved as perfectly as larger bodies. Dr. Wickersheimer was the inventor of the process, the patent for which has been purchased by the government, and then by it the composition has been made public.

"Athrepsia" (*a*, negative; *trepso*, I nourish) is a new word denoting failure of nutrition in infants—meaning literally absence of nutrition.

The old, old story of Ricord, who attended the opera and outvied all others in his applause, but who, as it afterwards turned out, applauded the effects of iodide of potassium on a singer's arm, rather than the singing, has been re-vamped, and is going the rounds of the medical press credited to the Louisville *Medical News.*

It is related of the late surgeon-general of the Russian navy, that on a visit to Bellevue Hospital he was very favorably impressed with one of Wood's operations, but haughtily refused even to look at a binaural stethoscope, declaring that a surgeon in the Russian navy could, under no circumstances, have use for a *pelvimetre.*

The following is vouched for by the Oswego Palladium as a genuine incident: Dr. L. called upon a lady acquaintance the other day and was met at the door by the lady's little girl. He asked her to tell her mamma that Dr. L. had called. The child went up stairs and presently returned. "Did you tell your mamma?" asked the doctor. "Yes." "What did she say?" "She said 'O pshaw.'!"

An anonymous subscriber doesn't know what "outing" is, and wishes to know what we mean by the expression in our last No. It isn't one of the objects of the NEWS to teach elementary English, and we must, therefore, while commiserating the dense ignorance of our friend refer him to a work by Mr. Webster, (Noah, not Daniel) or another by Mr. Joseph E. Worcester, for the desired explanation.

Medical Record: According to the Philadelphia *Medical Times,* cosultations are comparatively very rare in Philadelphia. The reason assigned is that the young men are afraid to call in their elders because said elders allure the patients whom they are called to advise. What between the old men being thus crafty, the young men inexperienced, and Dr. Buchanan's diploma mills, medical matters look rather dark in the Quaker City.

Dr. J. Marion Sims has recently been decorated with the order of Leopold I. by the King of Belgium. It is said that the trinket was offered him some seventeen years ago, but the American minister refused to let him receive it owing to the doctor's Southern sympathies. The fact, therefore, that he has now been permitted to wear the decoration argues, we suppose, that Dr. J. Marion Sims has seen the errors of his way and is now a thoroughly reconstructed and an honestly penitent rebel.

The American Public Health Association will hold its Eighth Annual meeting at New Orleans, commencing Tuesday, December 7th, 1880. The special questions suggested for discussion at this meeting, in addition to those on which papers have already been promised, relate to methods of preventing the spread within a town or city—after they have once been introduced—of such contagious or spreading diseases as Diphtheria, Scarlet Fever, Yellow Fever, Measles, Small Pox, etc.

The *Proceedings of Medical Society County of Kings* for October, contains the following vague "Caution," which we reproduce on account of the possible interest it may have for our readers, in spite of its vagueness: "Physicians will do well to be on their guard against the operations of a plausible canvasser of an illustrated serial. Any such person representing himself as introduced or recommended by prominent physicians should be required to show some written credentials.

John Ruskin has been saying some queer things of late, among which the following is one: It is my fixed purpose never to join in any invalid charities. All the foolish world is ready to help them, and will spend large incomes in trying to make idiots think and the blind to read, but will leave the noblest intellect to go to the devil and the brightest eyes to remain spiritually blind forever.

The author of a recent work on Physiological Therapeutics says in his preface "Some will treat our pages with silent contempt; others will characterize them as mere theory; and, consequently regard them as unworthy of serious attention." A contemporary in reviewing it ventured the remark "that the judgment of most of those who read this book may be expressed in the words of the author himself, who, seems to have had a forecast of his fate." There is very little ambiguity in our contemporary's estimate of the work.

One of the most ludicrous typographical errors lately reported was from the substitution of a "d" for the final "l" in chill. A gentleman on making a trip east left his wife in her usual good health, and was surprised in a few days at the receipt of a telegram announcing her serious illness. He telegraphed the family doctor for particulars and received in reply the following: "Mrs. B. has had a child. If we can prevent her having another to-day she will do well." The husband's mental condition was somewhat perturbed until he ascertained the exact state of affairs.

A man enquired at a drug store for some application for a certain parasitic disease which affected the joints of his hand and other parts of his body. He got all the information usually given by the accommodating druggist in such cases. He then inquired how many pediculi a nickle's worth of the sulphur ointment would destroy. It was estimated that a thousand might be destroyed for that amount. After a few moments devoted to mental arithmetical calculation the man ordered a dollar's worth. The gentleman is a member of a statistical society.

Gaillard's Medical Journal: "In the last graduating class of the Medical Department of the University of Pennsylvania, there were but three graduates from the Trans-Mississippi. Does the Star of Empire take its way Westward, or have medical students become imbued with the wisdom of Horace Greeley's celebrated advice to young men?" This dearth of western medical graduates from eastern

medical schools is but the natural result of the ill disguised contempt which the average eastern professor and his toady, entertain for the western physician.

It will be remembered how deeply the resignation of Dr. J. H. Pooley from Starling Medical College, Columbus, Ohio, was regretted by the *Ohio Medical Recorder*, and other journals in whose hearts there dwells such a deep love for Starling. The fear was expressed that Dr. Pooley's loss was irreparable. We lay no claim to prescience but we did anticipate what has now happened: Dr. J. H. Pooley's connection with Columbus Medical College, Columbus, Ohio. It now only remains for Starling to congratulate Columbus, thuswise: "Dearly beloved, the sorrow we feel for the loss of Prof. Pooley is only assuaged by the joy we feel at his joining you," and the farce will be complete.

The September No. of the *Veterinary Gazette* makes the following statement in the course of an editorial article: "* * * the *Medical Record*, which weekly, with the exception of the N. Y. *Medical Gazette*, has the most extensive circulation in the United States, etc." The curious will naturally enquire, whence gets our veterinary contemporary its data? but we shall content ourselves with the simple observation that if the *Gazette* has a larger circulation than the *Record* or than fully a dozen other of our medical journals, for that matter, the fact reflects very seriously on the intelligence of the American profession. We don't believe it.

A correspondent of the Canada *Lancet* indicates with an asterisk on a list of Buchanan graduates, the names of some twenty who are duly registered practitioners in the Dominion. The Canada Medical Act makes due provisions for those who secure registration through fradulent representations. The list as published, is respectfully dedicated to the Registrar and the Government Medical Detective, and the indications are at this writing that the Michigan profession will shortly be recruited by twenty Canuck "doctors." This is the only state, within convenient distance, that will tolerate the ejecta. They are safe here, none daring to molest or make them afraid.

La France Medicale thus describes the obstetric practice in Japan: "After having obtained a pretended reduction of irregular presentation by abdominal massage, the physician makes the patient arise: he places his shoulder against the chest of the woman, and makes her pass her arm around his neck. He then clasps her knees been his own, so that she is well supported, and practices a lateral massage with his hands, starting from the seventh cervical vertebre, from above downwards, snapping his fingers to distract the woman's attention. Finally he rubs in the palm of his hand behind forward, the buttocks and thighs, sixty to seventy times, and this every morning from the fifth month. We made add that Japanese practitioners are generally aged."

PRACTICE AND PROPERTY FOR SALE.—A first class practice worth $2500 a year in a thrifty farming community together with residence, costing for site and building $3700, will be sold for $2000. Terms half cash and balance to suit purchaser. Address "A. B." Care of MICHIGAN MEDICAL NEWS, Detroit, Michigan.

Book Notices.

ON THE BILE, JAUNDICE AND BILIOUS DISEASES. By J. Wickham Legg, Fellow of the Royal College of Physicians of London, Assistant Physician to St. Bartholmew's Hospital and Lecturer on Pathological Anatomy in the Medical School.
New York: D. Appleton & Co. Detroit: Thorndyke Nourse.

This is an imposing volume of over 700 octavo pages, including the index, the size, typographical appearance and mechanical execution all being calculated to favorably impress the reviewer.

The book is a complete encyclopedia of the knowledge and theories on the subject of bile from the days of the Father of Medicine down to the latest observation by Rutherford. It is divided into thirty chapters, the first five of which are mainly devoted to the consideration of the chemical constitution of the bile. The next four chapters contain the really interesting part of the book and that which distinguishes it from other text books, being devoted to the consideration of the function of bile, to the action of drugs on its secretion and to the indications for cholagogues. Twenty of the remaining chapters are given to the consideration of jaundice and such diseases as are more or less intimat ly associated with or dependent on a perverted secretion or condition of the bile; the last is purely bibliographical. There are views expressed in the book which will strike the reader as somewhat peculiar and which will, doubtless, call forth comment from both the physiologists and pathologists of the day. Among these are the following: "The end of the bile would thus seem to be excretion by the urine—a view not altogether new, for it was taught by physiologists 1600 years ago that the urine was formed in the liver and separated in the kidneys; and those who come after us may judge whether the nineteenth century has made any real progress in this matter compared with the age of Galen." "The humoral pathology will, however, not be readily overcome. It has survived many an onslaught during the past 300 years, even when attacked by a Paracelsus. And if we find the writer of a justly popular hand-book of physic (Niemeyer) still speaking of 'mucous fevers', and the public still saturated with the humoral physiology as the terms 'sanguine', 'phlegmatic', and 'melancholic' show; as does also their familiar parlance on medical matters, 'the blood being out of order' (a main source of disorders), 'venting the spleen,' and the like expressions; he would be a bold man who should foretell the driving of this

system of pathology out of its citadel." "Modern physiology seems to be rather on the way of returning to the opinion Aristotle that the bile is an excrement, though not an immediate excrement, as a great part of it is again absorbed into the blood," and again "the phsiology of the bile is still surrounded by a darkness almost Egyptian,"

The fact remains that the treatment of biliary difficulties is probably less satisfactory than that of any other disease, and while Dr. Legg gives us nothing definite by way of assisting in the treatment he has nevertheless thrown out many suggestions which the practitioner would do well to became familiar with, and his book is probably the most complete consideration of the whole subject in its details, in the language.

A Treatise on the Practice of Medicine, for the use of Students and Practitioners. By Roberts Bartholow, M. A., M. D., LL. D., Professor of Materia Medica and Therapeutics in the Jefferson Medical College of Philadelphia; formerly Professor of the Theory and Practice of Medicine and of Clinical Medicine in the Medical College of Ohio ; President of the American Neurological Association, etc.
New York : D. Appleton & Co. Detroit : Thorndyke Nourse.

The profession has been on the *qui vive* for this work since it was first announced that it was in course of preparation. Dr. Bartholow has made for himself a distinctive place among American medical writers. The unmistakable tendency among those who have devoted themselves to the making of our books has been towards a therapeutic nihilism —a disbelief in the efficacy of drugs and a trusting rather to the *vis medicatrix naturæ* than to any virtue inherent in medicinal agents. It has unmistakably been becoming fashionable in some quarters to regard with a sort of contempt those misguided individuals who daily prescribe drugs rather than spend their time in exploring with "instruments of precision;" who regard it as the highest aim of a physician's efforts to restore his patients to health, rather than to look upon him as an object on which may be tested some pet theory. The influence of such teaching on the young practitioner cannot be other than baneful ; the older physician has learnt through the best of teachers, experience, that it is radically false. Dr. Bartholow has spoken in trumpet tones in denunciation of this dilettanteism, and has made himself a favorite among men of sound common sense and matured judgment. His experience both civil and military has been large, and from his connection with he army he has been called upon to treat disease under many conditions of climate and other modifying circumstances ; his experience has not been confied to the paupers of some eastern eleemosynary institution. To quote his own language in the preface to the book : "The reader will find that I have no sympathy with the therapeutic nihilism of the day, and that my convictions find expression in the the recommendation of plans of treatment. In a work of this kind, intended for the guidance of young practitioners and students, some dogmatism, although offensive to the highest taste, may be pardoned, in view of the practical advantages of experienced leadership. Indeed, there is no department of the subject in which it seems to me so necessary to express positive opinions. The influence of some of our most prominent medical thinkers has been opposed to the value of medicines in the treatment of diseases. The modern school of pathologists, absorbed in the contemplation of th ravages of diseases, are either oblivious of the curative powers of remedies, or openly ridicule the pretensions of therapeutists."

Pathology, in the book, receives none of that undue attention which constitutes the fault in the average work on practice. This point of difference, together with the attention given therapeutics are the distinctive characteristics of the work. It is needless for us to say that we commend it to the consideration of all physicians—to those who are in sympathy with its therapeutic positivism, for their further upbuilding in the faith, and to those who are not, that they may be led through it to see the error and inconsistency of their position.

Original Articles.

Sterility Due to Conical Cervix.

A CLINICAL LECTURE BY WILLIAM GOODELL, M. D., PROF. OF CLINICAL GYNÆCOLOGY IN THE UNIVERSITY OF PENNSYLVANIA.

(Reported for the Michigan Medical News.)

This patient has been married two years and is as yet childless. What is the matter, you will at once inquire. The most frequent causes of sterility are : (1) extreme anteflexion, and (2) what is known as a conical cervix. We must proceed at once to discover which of these two conditions is in force in the present case. Upon inquiry of the patient I elicit the fact that she was in perfect health previous to her marriage, but that since that time she has had a great deal of uterine trouble. This trouble has manifested itself in painful micturition, in difficulty and in pain in her sexual relations and in an unusual amount of dysmenorrhœa.

Proceeding at once to make an examination I find the cervix to be very small, it is not a bit larger really, than the tip of my little finger. This cervix projects nearly three quarters of an inch into the vagina. The external os, too, is very small, what gynæcologists call a pinhole os. There is some slight prolapse of the womb present also. It is very easy for me to see what has been the cause of the pain experienced during coitus, for, in the first place, the distance from the fourchette to the cervix uteri is only an inch and a half ; and (2) the vaginal walls are very tense and inelastic. I find out upon closer questioning that the woman has had a copious leucorrhœal discharge ever since she was married.

I have succeeded in inserting the speculum but encounter much resistance in attempting to expand the blades. Indeed, were I to set to work roughly I

might tear the vagina. While I am slowly and cautiously opening these blades I will give you a morsel of information which may be of much service to you at some future day. All the anterior portions of the sexual organs in the female are exceedingly sensitive. Inside of the vagina, on the other hand, the parts are so insensitive, that even the application of pure nitric acid to the cervix or womb, gives but little pain. The cervical os is, as I have just told you, very small, but still with patience I am able to introduce the sound. I find that the womb is of the normal length, but that it is slightly anteflexed. How do you account for the dysmenorrhœa, you will ask. There is a good deal of endometritis here; the lining membrane of the womb is so thickened that it has, to a great extent, occluded the abnormally small cervical canal at the menstrual periods. We all know how necessary to the happiness of a woman it is that she should have children. You may accept it as a pretty good rule that a woman is very likely to have obscure neuralgia and painful uterine disorders unless she conceives within a year or so after marriage. Acknowledging this to be the case we must try and place our patient in a position in which conception will be possible. How shall we accomplish this much to be desired result. I know of, and practice either one of, two methods. We may attempt gentle dilatation of the cervical canal, or (2) we may make weekly applications to the living membrane of the womb and cervix. I think that I will first try gentle dilatation. I am not going to administer ether because its use would annul to a greater or lesser extent, the good effects of the operation of dilatation. As this operation is a painful one I work very gently. While I have been talking to you I have succeeded in expanding the blades fully one third of an inch, so that the canal is now large enough for me to pass in a piece of absorbent cotton. As I intend to employ both of the methods of treatment above mentioned in this case I will ask the patient to come here once a week egularly and let me make an application of saturated tincture of iodine to the womb. Fortunately the dilatation has given rise to an insignificant amount of bleeding.

Such cases as this are met with very frequently in practice. In some cases it will become necessary to put your patients under ether and dilate the os forcibly. Why did this trouble grow worse after marriage, or, to view the case from a somewhat different standpoint, why has the woman been sterile. In intercourse the male organ pushed the cervix to one side, and so the semen did not find its way into the opening. Even if this had not occurred the angulation would completely occlude the canal so far as the passage of semen was concerned. Then you will want me to tell you why sterility gives rise to uterine disease. Pregnancy and lactation call a temporary halt in the progress of constant sexual excitement, but when conception does not take place, the sexual excitement goes on and the congestion becomes greater and greater. This congestion, when the time of the menses approaches, increases the flow, and also increases the secretions of the womb. The blood and secretions are retained, the womb swells, endometritis, perhaps hyperplasia, takes place, and the cervix and womb become so sensitive that the woman cannot tolerate the marital approaches, or at least cannot complete the act as soon as the husband. Thus the excitement on her part is kept up without the succeeding relaxation. You will very often have newly married husbands come to you and tell you that they constanly find themselves completing the act of copulation before their wives. Very many women know so little of such matters that it takes them a long while to be educated up to the point of reciprocity with their husbands. This state of affairs may be due either to perfect purity, or an entire apathy in such matters. Where it is due to apathy there is not so much danger, for in that case there is little or no congestion of the woman's generative organs, otherwise, where the husband completes the act first it is very hard to know what to do. I think the best plan is to order the husband to sleep in a separate bed, so as to remove the temptation to too frequent approaches. Abroad, married persons always sleep in separate beds. Very few men will be reasonable if allowed to sleep with their wives under such circumstances. I am inclined to think that very many cases of severe uterine disease date from the honeymoon, the time when young couples go away from home for this very purpose. It is but too often the case that both husband and wife are permanently injured by the excesses in which they indulge during this first week or ten days spent away from home, and entirely by themselves.

Case of Paralysis Following Diphtheria.

BY A. W. MITCHELL, M. D., DIALTON, OHIO.

Johnnie M., æt. 8. Was called in September 10th. Patient had taken diphtheria about two months before. Case had been severe and protracted. In about a month the diphtheritic exudation had disappeared, but recovery was incomplete.

When I was called, a month later, I found him coughing constantly with frequent paroxysms which seemed to completely exhaust him. Cough seemed tight, and only at times he would appear to loosen something, which he would swallow. He was very weak and could not raise himself in bed. Pulse 100, (I had broken my thermometer and could not take the temperature). Lower extremities were partially paralyzed, and all the organs of deglutition and phonation were either partially or completely paralyzed. He could utter a sound but could not talk. Could not gargle, and in swallowing water it ran out through his nostrils. Bowels were loose; passage slimy, with blood; some griping, but no headache, and very poor appetite. Physical examination did not reveal anything except a slight wheezing on inspiration, which led me to hope that there was no organic lung disease.

Treatment.

℞ Potass. chloratis..... ʒ j
Aquæ..... ʒ iv

Sig. Wash out mouth and throat as well as possible every three hours and swallow a tablespoonful three times a day. Also

℞ Quiniæ sulph.....gr. ss
Ipecacuanhæ et opii.....gr. ss
Hydrarg. cum. creta.....gr. ss
Bis. sub. nit.....gr. j

Sig. One every three hours during day.

Called next day, found cough looser and less frequent. Pulse the same as before. Stools slimy but no blood. Other symptoms the same only patient cheerful. Treatment contined except that the mercurial chalk was stricken from the prescription and a few very minute doses of hydrarg. chlor. corrosivi given in its stead.

Called again next day, September 12th. Found cough very loose, and at times dyspnœa caused evidently by obstruction from phlegm. Coughing and paroxysms less frequent, bowels not too loose. Pulse as before. Prescribed

℞ Potassii iodidi.....gr. x
Potassii bromidi.....gr. xv
Tr. ol. menthæ pip.....gr. xv
Syr. simplicis.....
Aquæ ää..... ʒ ss

Sig. A teaspoonful three times per day—in middle of forenoon, afternoon and at 7 P. M., and a tablespoonful of the chlorate solution at bedtime. Also

℞ Quinia sulph.....gr. ss
Bis. sub. nit.....gr. j

Sig. One, one-half hour after each meal.

Sept. 13. Patient better. Pulse 80. Some appetite and stronger. Cough not so frequent and is loose enough. The same treatment was continued with variations in Dover's powder, hydrarg. cum. creta and bismuth, to suit the state of the bowels, and the cough, until the 18th, when I left a bottle of Scott's Emulsion with orders to follow directions. At present the cough is almost gone, but not entirely. Appetite is good. Can talk some, but poorly, and is up all day and is out some. Can walk but is not steady, and generally holds to something to help him.

An Anomalous Eruption.

BY L. D. MC KINLEY, M. D., MARSHALL, IND.

Lizzie S., æt. 15 years, was taken sick about the 12th of the present month with what the family supposed to be ordinary ague. On the afternoon of the 14th she was taken with a very severe chill, which lasted about two hours, and was followed by very high fever, explosive vomiting and a bright scarlet rash over the entire body, attended with almost intolerable itching of the skin. I was called to see her on the following morning about 7 o'clock, and found her with pulse 145, temperature 104; bright scarlet rash over the entire body; eyes red and bloodshot and somewhat watery; throat sore, tongue dry and covered with slight whitish fur, through which the papillæ protruded and were very red and prominent; vomiting and itching not so distressing as during the night. I called it ecarlet fever and prescribed a cathartic and febrifuge, and directed that the patient be sponged with cold water constantly until she complained of feeling chilly.

I called again about sundown the same day and found the patient sleeping quietly. Pulse and temperature nearly normal; rash gone and with it the itching. The sickness and vomiting had also disappeared. The patient on waking expressed herself as feeling very much better. Prescribed tonics and the patient made a very rapid recovery. Evidently it was not scarlatina. It was not urticaria, nor roseola, then what was it?

On my second visit I found on inquiry that she has had several such attacks during the last four years, and at each recurrence the attack is more severe than the preceding one.

Selections.

COTTON AS A VEHICLE FOR MEDICATING THE NASAL REGION.—The method of applying medicated wool to the post-nasal space is very simple, and can be improvised under almost any circumstances. It is as follows: The quantity of wool determined upon, usually from two to three grains by weight, is twisted spindle-shaped, but loosely, upon a piece of thread or silk; the thin ends are brought together, and tied with a knot; thus the spindle-shaped pledget of wool is doubled upon itself, and secured firmly to the thread, having now a pear-shape, the stalk being represented by the thread. A blunt probe is engaged in the wool, and made to conduct it along the floor of the nose to the spot where it is to be retained. The process is then repeated on the other side, the threads from each pledget hanging out from either nostril. These are now tied together below the septum, by which means the patient will be assured the wool will not be swallowed. In the morning, supposing the application to be made overnight, they can be withdraw by pulling on the threads. In this way any drug that may be selected can be introduced with ease, and with a little skill in the manipulation the vault of the pharynx, Rosenmüller's fossa, or the neighborhood of the Eustachian tubes, may be topically medicated. If desired, several such pledgets may be introduced in succession, until a sufficient quantity has been placed *in situ;* the threads belonging to all can then be tied together. and secured.

The above process is so simple that I ought perhaps to apologise for dwelling on its details. It has, however, a practical bearing, inasmuch as it enables the patient to see for himself that the wool is withdrawn.

There are other advantages attending this use of medicated cotton-wool irrespective of the special virtue of the drug employed. Thus it absorbs dis-

charge, and where necessary disinfects it Further, when placed in the nasal meati (for which purpose it is unnecessary to attach it to a thread, as it will remain where it is placed), it exerts a beneficial mechanical support to the erectile-tissue-like arrangement of the vessels supplying the mucous membrane of the turbinate bones. It is this peculiar vascularity of the part which admits of the great swelling and profuse discha ge often seen to occur quite suddenly in some patients. When the vessels of this structure have been repeatedly congested, their tendency is to remain permanently swollen, and against this issue the pressure exerted by the cotton-wool affords a curative influence, quite irrespective of the therapeutic action of the drug with which it is charged.

As my object in this communication is not to write a treatise on nasal therapeutics, but simply to place in the hands of the profession a ready method carrying into effective practice the remedies they may themselves select, the further object of this communication will be answered by a brief statement of the formulæ of proved efficacy for the purposes in view.

Besides the iodoform wool already some time in use, the following will be found of most frequent utility:

ASTRINGENTS.

Perchloride-of-iron Wool.—Cotton-wool, one drachm; glycerine, ten minims; tr. fer. perchlor., one ounce.

Tannin Wool.—Cotton-wool, one drachm; glycerine, ten minims; tannin, one drachm; rectified spirit, six drachms.

Alum Wool.—Cotton-wool, one drachm; glycerine, ten minims; alum, half a drachm; water, one ounce.

Rhatany-Kino-Catechu-Wool. — Cotton-wool, one drachm; glycerine, ten minims; tr. catechu, vel kino, vel rhatany, one ounce.

Hamamelis Wool.—Cotton-wool, one drachm; glycerine, ten minims; tr. hamamelis, half an ounce.

ANTI-CATARRHAL.

Cubebs Wool.—Cotton-wool, one drachm; glycerine, ten minims, tr. cubebæ, one ounce.

ANTISEPTIC, DISINFECTANT, AND STIMULANT.

Camphor Wool.—Cotton-wool, one drachm; glycerine, ten minims; æth. rect., one ounce.

Boric or Boracic Wool.—Cotton-wool, one drachm; glycerine, ten minims; boric acid, one drachm; sp. vin. rect., six drachms.

Iodine Wool.—Cotton-wool. one drachm; glycerine, ten minims; tr. iod., half an ounce.

SEDATIVE.

Opium Wool.—Cotton-wool, one drachm; glycerine, ten minims; tr. opii, half an ounce.

General directions.—Mix the glycerine with the tincture or other solvent, saturate the wool with the liquid, and dry.

Since writing the above. I have had some preparations of salicylic and carbolic acid made on the same principle, but have as yet no experience of their usefulness to report.—*London Lancet.*

SALICYLATE OF SODA IN TYPHOID FEVER AND ERYSIPELAS.—At the last meeting of the Société Médicale des Hopitaux (*Gaz. Hebd.*, August 20), Dr. Hallopeau read a paper on the above subject. In typhoid fever, he observed, two indications are pressing: to attack the infectious principle, the cause of the disease, and to combat the elevated temperature; and, in general, apyretic medicinal agents are also antizymotics. Li bermeister, of Basle, has treated a great number of cases by antipyretics, and, in place of a mean mortality of 15 per cent. in mild epidemics, he has obtained one of 11 per cent. He commenced with a gramme and a half of calomel, and with the use of cold baths according to Brand's method, and then gave from two to three grammes daily of s ulphate of quinine, or from six to eight of the salicylate. He found the temperature rapidly became lower, and was maintained at between 38° and 39° C. Dr. Hallopeau, following this example, gave calomel the first day also, and then administered quinine and the salicylate alternately, only having recourse to the cold baths in great and menacing hyperpyrexia. Some observers have condemned the use of the salicylate after employing it in doses of ten, twelve, or even fifteen grammes per diem; but there is no proof that in smaller doses this salt acts at all mischievously. It should be given in doses of about two grammes a day, and never exceeding four grammes; and even then it should not be continued too long without interruption, and should be prescribed altogether when great dyspnœa is present, or a tendency to hæmorrhage. It has been objected that the antipyretic effect of the salicylate is but slight, and even less than that of quinine; but all the thermal curves attached to Dr. Hallopeau's paper show a notable diminution of temperature after the administration of two grammes. He admits, however, that its action is fugacious, and may disappear at the end of two or three days; but then quinine may be administered, and the two agents alternated, avoiding thus an accumulation of the salicylate. In no case has he observed any ill effects produced upon the kidney; and if the salicylate be sufficiently diluted, neither ulceration of the pharynx and stomach nor diarrhœa will be caused. It has seemed in some cases to increase dyspnœa and the disposition to intestinal hæmorrhage; and where there is a tendency to these conditions it should not be employed. It has been said that the diminution of the temperature has been the sole effect produced by this agent, without its exerting any influence on the course of the affection; but Dr. Hallopeau has found the disease less grave and of shorter duration than usual. In a series of twenty cases he has only met with three deaths, and in two of these not as a direct consequence of the disease; while in a second series of nine cases they all recovered.

Dr. Hallopeau has also given the salicylate internally, in doses of four grammes per diem, in erysipelas; and, basing his practice on the experiments of M. Bochefontaine, who has shown that this salt is absorbed by the skin and passes into the

urine, he has also prescribed the application of compresses dipped in a solution of the salicylate (one in twenty.) In an infant eight months old, the subject of erysipelas of the leg from a slight erasure opposite the knee, after having employed compresses wetted with elder-flower water and sulphate of quinine, which were not tolerated, he obtained by means of the salicylate a rapid amelioration of the general symptoms, the arrest of the erysipelas which had invaded two-thirds of the thigh, and the cure of the little patient. In all the fourteen cases in which this substance was employed, the temperature, at the end of twelve, thirty-six, or at most forty-eight hours, had fallen to its normal height; and among the fourteen cases only one death occurred, and that in an old man who was also the subject of purulent pleurisy. Dr. Labbé stated that he also had employed the salicylate in erysipelas, but had not derived any advantage from it, even in large doses. In his opinion, the regular course of this disease, especially on the face, which had formerly led to its erroneous assimilation to eruptive fevers, entirely depends upon anatomical reasons, such as the disposition of the lymphatic network, or that of some of the cutaneous muscles of the face and neck. It lasts for a week on the face and longer when it gains the trunk; but the use of the salicylate does not modify its course. In typhoid fever, Dr. Labbé gives enemata with three or four grammes of this substance, which always produce a marked sedative effect and sleep, while disinfecting the stools. Dr. Hallopeau replied that he also employed the salicylate locally in erysipelas, and in six of his fourteen cases he obtained evident amelioration in twenty-four hours. The cases of erysipelas of the face so treated by him did not last a week.

Pruritus Vulvæ. — This exceedingly obstinate disease I have often permanently relieved if caused by an erythema, intertrigo, acne, eczema, or prurigo produced by vaginitis or endometritis. In the former, by warm injections of flaxseed tea with a solution of the aqueous extract of opium, together with a sitz-bath, lukewarm, twice daily for twenty or thirty minutes, and the subsequent irrigation of the vagina by means of a fountain syringe and adding from one-half to a teaspoonful of the sulpho-carbolate of zinc to the quart of water, used every two hours while the patient lies in the horizontal position with her hips well raised. After each vaginal irrigation a tampon of carbolized or salicylated cotton, with some unguent plumbi and belladonnæ, is introduced into the vagina, so that it prevents the external parts from being bathed in the secretions, often mucous, often muco-purulent—which cause the excoriations at and around the vulva, the nates, and the inside of the thighs—and directing the patient to use in the evening, and also for one hour in the afternoon, applications of black wash—aquæ phagedenicæ nigræ. Where the pruritus or prurigo disturbs the patient's sleep, a hypodermic injection of morphia is given. The pruritus itself is greatly relieved, besides the above medication, by application of dilute tincture of iron or a twenty per cent. solution of carbolic acid.

The most useful of all applications, however, for pruritus vulvæ, I have found to be the application of the balsam of Peru, of which I use the following:

℞ Powdered gum arabic..... ʒ ij.
Peruvian balsam..... ʒ j.
Oil of almonds..... ʒ jss.
Rosewater..... ℥ j.

M. S. Apply freely with a camel's hair brush, eight or ten times a day, to the itching part.

This latter prescription, which has been first suggested by Hufeland, I have also used for the past nineteen years, with the most happy results, for sore nipples, applied every hour for a few days. It has never failed in my hands to cure this troublesome affection. I prefer this prescription to the use of borax and alcohol, the nitrate of silver, the zinc ointment, or the saturated solution of borax, highly recommended by others.

If the pruritus vulvæ is dependent upon diabetic urine, I have found, in addition to the means herewith recommended, the daily internal use of from six to eight drachms of glycerine, in teaspoonful doses, extremely beneficial. If dependent upon granular vaginitis, I am in the habit of touching each granule, after first scraping it off with the curette, with an exceedingly fine point of nitrate of silver.

The endometritis, if this is the cause of the pruritus vulvæ, is treated with laminaria or the curette; if dependent upon polypoid or fungoid or adenomatous multiple growths within the cervical canal or the cavity of the uterus, after which, if the whole uterine cavity has been dilated thoroughly so as to admit the finger to the fundus uteri, which generally takes, by means of laminaria, about thirty-six hours, with Churchill's tincture of iodine applied every three to four days; or, if there is much sensitiveness, I apply carbolic acid, drachma semis to the ounce of glycerine, upon the flexible uterine applicator, down to the fundus, leaving it in contact from five to ten minutes; or I irrigate the uterine cavity through a No. 6 male flexible catheter with a three per cent. warm solution of carbolic acid, always taking care, of course, not to make any intra-uterine application unless the canal be thoroughly dilated, and that there is no inflammation in the substance of the uterus or its adnexa.

I have, within the last nineteen years, thoroughly tested the medication herewith recommended, and I have yet to see a case where I failed to permanently cure the most obstinate cases of either pruritus vulvæ, vaginitis, or endometritis, and the sore nipples which often undermine the health of mostly nursing women with very delicate skins.

In communicating these notes I claim no originality in the application of the medication recommended. The treatment has proved highly satisfactory in my gynecological practice, and I desire to recommend it to thousands of the readers of the *Medical Record* who have not tried them.—*Rudolf Tausky, M. D., in Medical Record.*

Treatment of Hemorrhoids by Crushing.—Mr. George Pollock (*Lancet*, vol. ii., 1880, p. 1) has long thought that the operation of treating hemorrhoids by ligature or by clamp and actual cautery is usually followed by much more pain than should necessarily be attendant on measures adopted to relieve successfully a patient suffering from piles. The ligature, however skilfully and carefully applied, destroys the life of the part by degrees only; the portion in its grip does not die instantaneously, and, consequently, must naturally be a source of more or less suffering till the death of the part is effected. Its application is very often followed by very great pain, never without some, and often accompanied by severe, spasm of the sphincter.

The more recently adopted method of treatment by clamp, scissors, and actual cautery, though perhaps somewhat less painful is still sufficiently severe to occasion much subsequent suffering, and often for some days. A burnt wound must in most cases be attended with more heat, pain, and discomfort than a clean-cut surface; œdema, retention of urine, spasm of sphincter, bearing-down pain in the rectum, are all more or less the comon accompaniment of both of these methods of treatment.

It must be said, however, that Mr. Curling, who has had perhaps a larger experience than any one, is in favor of the ligature. After a lengthened experience, he has had, with one exception, no fatal case from ligature. Ligature, Mr. Curling admits, is more tedious than the cautery, but is less alarming to the patient, and less likely to be followed by hemorrhage.

It has occurred to Mr. Pollock that if a pile could be rapidly and effectually destroyed at its base by some instrument the action of which would be analogous to that of crushing the part included in its bite, the vessels of the crushed portion would not be very liable to bleed when the surface of the pile was removed, and, the nerves being bruised by this proceeding, it would be less liable to be followed by pain.

Mr. Pollock's first attempts at this operation were attended at times by hemorrhage, but he has now devised an instrument which does away with the danger of this complication. In comparison with the other operations this is almost painless; pain has been felt in one or two cases for a few hours, but usually there is none.

The process of the application of the clamp (the instrument is figured in Mr. Pollock's paper) is as follows. The patient suffering from hemorrhoids, being prepared for the operation in the usual manner, is placed under the influence of ether. He is then turned on his left side; the right leg is well flexed, and fixed with a strap, which is carried under the knee and around the neck. The pile to be removed is drawn well down by a prolonged hook or forceps. The clamp is then to be applied to the base of the pile, and at once tightly and firmly closed by the action of a screw at the end of the handles. The portion of pile which protrudes inside the lips of the clamp is then to be removed by a pair of curved scissors. The clamp may afterwards be retained, still grasping the stump of the pile, for any time the operator may think desirable. Mr. Pollock's usual custom is to retain it from half a minute to a minute. If the pile be large and thick, it may be well to retain it for a rather longer period. This process is, of course, to be repeated according to number of masses to be got rid of. If there is any bleeding at all, ligatures are to be applied; they do not at this time cause pain.

Action of Iodide of Potassium upon the Elimination of Lead.—At the request of Prof. Vulpin, Dr. Gabriel Pouchet, of the chemical laboratory of the Faculty of Paris, examined by quantitative analysis of the urine of patients suffering from saturnism, the effect of the administration of iodide of potassium on the elimination of lead. The experiments were of an electrolytic nature of which the details would not interest the practitioner. Suffice it to say, the specimens of urine examined always measured from five to ten pints, quantities sufficiently large to permit the detection of even the smallest traces of the noxious metal.

Among all the afflicted during the time of aggravated symptoms the urine contained an average of one milligramme of metallic lead to the litre of urine examined.

Under the influence of iodide of possium given in doses of four to six grammes daily, the elimination of lead increases quickly, but again decreases at the end of from six to ten days when it becomes less marked than before the treatment was instituted. During the first days of treatment a rapid desaturation of the system which is more or less decided according to the intensity of the morbid phenomena. Thus in the case of a patient who was gravely afflicted, the quantity of lead passed by the urine, immediately after the administration of the iodide, rose to five milligrammes per litre.

After the continuous exhibition of the salt for more than two weeks, the elimination of lead ceases almost altogether, so that in fifteen litres of urine only a trace of lead was discernible. But if after withdrawing the remedy, the patient is allowed to rest some days, prior to the readministration of the iodide, small quanties of lead will again be eliminated with the urine. Hence arises the the therapeutic indication of employing the iodides for a long time and instituting, however, intervals of repose during which the remedy is not to be exhibited.

M. Poucet also analysed the urine of a patient treated exclusively with bromide of potassium without detecting any increase of the lead eliminated From this he deducts the inefficiency of the bromide in the treatment of leading poisoning.—*Arch. de phys. norm. et pathol.*,—*Cincinnati Lancet and Clinic*

Why we are Right-Handed. — Dr. John A. Wyeth, of New York, in an interesting paper on the "Anatomical Reasons for Dextral Preference in Man," which appears in the Annals of the Anatomical and Surgical Society of Brooklyn, N. Y., arrives at the following conclusions :

1. Man is right-handed by preference, as a result of his anatomical development.

2. The arrangement of the embryonic protoplasmic element is such that the liver developing on the right side greatly outgrows its opposing viscus, the spleen, and pushes the heart to the left of its original position in the median line, causing an obliteration of one of the two originally symmetrical arches of the aorta, and an obliquity of the remaining one.

3. This loss of symmetry involves an arrangement of the great vessels of the neck and upper extremities by which the artery carrying blood to the right arm is more favorably situated and receives more blood than the one to the left arm, while the left carotid and vertebral arteries supplying the left half of the encephalon, which presides over motion on the right side of the body, are more favorably situated and convey more blood than the two vessels which have the same distribution on the opposite side.

4. This fact accounts for the development of the left half of the brain in excess of the right.

5. It is not the slight excess in weight of the viscera of the right side of the abdomen, which is given by some to be the cause of right-handedness, who argue from this that man must lean to the left, that is, balance himself upon the left leg, leaving the right extremities freer for action. It is a matter of cubic inches, of bulk, in fact, of cardiac displacement.

6. Education, training by persistent effort, will overcome the natural tendency to dextral preference, and will render the individual more clever with the non-preferred hand, more equally adroit with both sides of his body, more symmetrical in muscular growth ; will tend to equalize the two halves of the brain, giving a better cerebral development, and will consequently render him more serviceable to society and himself.—*Ex.*

Essence of Wintergreen in the Treatment of Purulent Cystitis, etc.—M. Perier has treated a patient suffering from purulent cystitis by washing the bladder out with an antiseptic substance, hitherto more employed by perfumers than by chemists, the essence of wintergreen (*Journal de Mélecine et de Chirurgie.* May, 1880). It is a powerful antiseptic with a penetrating and rather pleasant odor, not at all of an irritating character. Unfortunately, it is but little used. Its somewhat high price would be no obstacle to its use, because it is only employed in small doses. The essence of wintergreen is obtained from the *gaultheria procumbens,* a shrub which grows in North America. This essence is known chemically as salicylate of methylene or salicylic methylether. It is not soluble in water and some difficulty is experienced in dissolving even small quantities of it. M. Perier has often had recourse to the following solution: Essence of wintergreen, six grammes; tincture of quillaya saponaria, thirty grammes; water, one litre. He uses this solution freely for washing out the bladder, with excellent results, and without causing the least irritation. It constitutes an excellent fluid for the washing of wounds and for simple dressings. M. Perier likewise combines wintergreen with vaseline, so as to make an antiseptic and inodorous ointment. He uses the following proportions: Essence of wintergreen, one gramme; vaseline, 100 grammes. He greases his sounds and specula with with it, and and also uses it to annoint his fingers and hands, for examination by touch. Even in the practice of antiseptic surgery, M. Perier frequently covers his hands with this antiseptic vaseline instead of washing them too often with carbolic acid and water.—*London Med. Record—Med. News and Abstract.*

On the Cause and Prevention of Phthisis Pulmonalis.—Dr. Frederick Eklund, of Stockholm, in a paper read before the Sweedish Medical Society, June 18th, 1880. which is now before us in pamphlet form, claims to have found in the sputa of those affected with phthisis small, round lymphoid cells, filled with what he calls phthisis bacteria (micrococcus phthisis dryotemenos). Having further examined samples of earth and decaying animal and vegetable substances taken from districts where phthisis is common, he invariably found micrococci, which were identical with phthisis bacteria, and he concludes from this that phthisis is a disease of miasmatic origin. As a prophylactic against this disease he considers it of the utmost importance to isolate the houses we live in from the ground on which they stand, by means of asphaltum, or cement; to impregnate the floor planking with paraffine or boiled linseed oil, and to remove the damp air from cellars through chambers surrounding the chimney. Regarding phthisis as a contagious disease, he thinks that the walls of tenement houses should be replastered and papered, and the floors scraped whenever there is a change of tenants, and recommends that every possible sanitary precaution be taken to prevent its spread.—(*Medical and Surgical Reporter.*

Benzoic Acid in Rheumatism.—Senator has employed this remedy in forty-six cases of polyarticular rheumatism. From a clinical point of view it much resembles salicylic acid. Salkowsky attributes to it the same anti-putrescent and stronger anti-fermentive properties. In order not to irritate the primæ viæ, moderate doses are to be given at first : 10 to 12 grams (2½ to 3 drachms) of benzoic acid; or better 12 to 15 grams (3 to 3¾ drachms) of benzoate of soda. The acid was given as a powder in wafers or capsules; the benzoate in 100 to 140 grams (3 to 4 oz.) of an aromatic draught, with or without syrup.

It may be considered a specific for rheumatism, though in a less degree than salicylic acid. As a rule, the latter is more prompt in its action, though in some cases where that failed the benzoic acid succeeded.

No relapse or cardiac complications have been observed. Benzoic acid seems to have no tendency to irritate the stomach or bowels.—*La Presse Medicale Belge.*

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

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Editorial.

A Positive Sign of Early Pregnancy.

Dr. J. H. Carstens contributes to the September No. of the Detroit *Lancet* an article in which he has, with some literary embellishment, supplied that "long-felt want," a positive sign of early pregnancy "— the first, second and third month." This sign he refers to the vaginal walls, or as he puts it to "the mucous membrane of the genital organs." It consists in a violet discoloration of this membrane. In the words of the discoverer "This I have always found of purplish blue, or rather deep violet hue in pregnant women, and I have depended on this peculiar color in making a diagnosis of pregnancy in the first, second and third month. I say it has never failed, and it is not produced by any pathological condition, the different colors produced by uterine diseases cannot be mistaken for this pathognomonic violet hue." He details a case in which, notwithstanding the existence of this color, and notwithstanding the assertion of the patient that she was pregnant, he persisted in passing his probe to the fundus of the uterus. Some time after he was called in haste to see this patient, when he says "imagine my feelings on arriving at the bedside I found between the thighs of the woman a five months dead fœtus with placenta still inside of the uterus." There is a charming ingenuousness about this admission, and we are pleased to learn that what most men would regard as one of those blunders which they seek to cover up, was to Dr. Carstens a disguised blessing, for as he elegantly remarks "how unsatisfactory the case was otherwise, it, however, has strengthened my now unfailing faith in the sure sign of pregnancy, the violet hue of the mucous membrane of the the genital organs." It is very unfortunate that this peculiar tint of "purplish blue, or rather deep violet hue" cannot be exactly described or committed to paper. "It must," says the discoverer, "be seen, and then will never be forgotten. It is probably caused by engorgement of the veins."

Dr. Carstens "was under the impression that it was a new, not heretofore described sign, but looking over the literature of obstetrics, I find that it has been mentioned years ago by Jacquemier and Kluege, but it seems to have fallen into oblivion, and is not mentioned in ordinary text books." We would submit that Kilian, of the University of Bonn, regards a violet discoloration of the vagina, "not unlike the lees of wine" as one of the "most constant signs of gestation," and that Ricord, Parent-Duchatelet and others have also so regarded it; none of them, however, agreeing with its latest discoverer, that it is infallible. To come nearer home, Dr. Gunning S. Bedford, late professor of Obstetrics in the University of New York, and the author of a text book of Obstetrics, than which there is probably none more widely known or highly esteemed in this country, discusses this sign quite fully, failing, however, to co-incide with Dr. Carstens on its infallibility. But perhaps "Bedford on Obstetrics," is not one of "the ordinary text books" which Dr. C. refers to.

Dogmatism is always distasteful to the scientific physician, and had it not been for the extent to which Dr. Carstens' article is saturated therewith, and the fact that his statements are being copied with approval by medical journals which should know better, we should not have referred to the matter at this length. But in spite of this length we venture to add the late Professor Bedford's opinion, and those of a few others, as to the reliability of the sign referred to:

"Many of you, who reside in the rural districts, and who, perhaps, are more or less familiar with that primitive but honorable occupation of man, agriculture, and its kindred pursuits, must recollect the practice usually resorted to by breeders with a view of ascertaining whether the female of many of the lower animals be in a state to receive the male—or, in other words, whether she be in heat. The practice to which I allude is to inspect the outer opening and internal surface of the vagina, which, in season of heat, will be found to exhibit a very dark color—and I am quite satisfied that this same character of discoloration takes place at the advent of the catamenia in women.*

I have closely watched these latter circumstances, and in the many vaginal examinations which I have made just before the menstrual eruption, I do not know that I have failed in a single instance, in a normal menstruation, to detect this discoloration of the vagina. It seems to me that the true way to arrive at the real value of this sign, as a diagnostic evidence of pregnancy, is to determine in the first place, the two following inquiries: 1. Is the discoloration of the vagina a universal accompaniment of gestation? 2. Is it ever present when pregnancy does not exist? I have no hesitation in stating, from my own observation, that pregnancy will occasionally pass through its various stages without the slightest cognizable change in the ordinary color of the vagina, and this is more likely to occur in women remarkable for pallor of skin, and especially

* Some interesting facts as to the color of the vagina in domestic animals at the time of heat and during gestation, have been recorded by M. Rainard [Traité complet de la parturition des principals femelles domestique].

in those whose pallor is traceable solely to an anæmic condition—whether the anæmia be dependent on an original deficiency of the red corpuscles, or upon a sudden and long-continued drain upon the system.

In reply to the second point, whether the discoloration is ever present without pregnancy ; or in other words, whether any other cause can produce it, I am quite confident that there are numerous instances which will amply support the affirmative of this question. * * * * Now, gentlemen, what are the facts ? In the first place, I have told you that the real cause of this bluish aspect of the vagina is vascular congestion, and consequent partial interruption in the ordinary current of the blood. If this be true and the facts are very generally conceded—it should follow that whenever this vascular congestion is present, no matter from what cause, you may very naturally look for the effect—discoloration of the vagina. You will, therefore, notice the change of color in the case of uterine tumors, in chronic sanguineous engorgement, etc. In a word, it is one of the not unusual accompaniments of congestion of the uterus, whether from gestation, or from morbid influence, with which pregnancy has no possible connection.

From what has just been said, it is very evident that the value of this sign as a proof of pregnancy, is subject to more or less qualification ; it is also well to mention that delicacy on the part of the female will often times prevent the accoucheur from availing himself of the means of ascertaining whether or not it be present."

Playfair: In most cases it is well-marked; sometimes, indeed, the change of color is very intense, and it evidently depends on the congestion produced by pressure of the enlarged uterus. The same effect, however, is constantly seen where similar pressure is effected by large fibroid tumors of the uterus, and, therefore, for diagnostic purposes it is valueless.

Hewitt: The absence of the dusky, livid hue in question is thus not indicative absolutely of absence of pregnancy, but its presence, when well marked, appears to be a sure sign of pregnancy; and one, moreover, which may be available at a very early period of gestation.

Barnes: A violet coloration of the vagina and os uteri should at once impel to follow out all the other modes of investigating this question. The detection of the violet coloration by rousing suspicion of pregnancy will save us from resorting to the sound.

King : A change in the color of the vagina, from its natural pinkish hue, to a bluish tint, has been named as a sign of pregnancy; but as this is probably owing to an obstructed circulation, pelvic tumors or other abnormal conditions may produce it. It is usually more marked when the female is in the erect or sitting posture, and disappears more or less in the recumbent.

Leishman: The deepening of its (the vagina's) color is by some supposed to be a not unimportant sign of prgnancy. It is due, in part, at least, to obstruction, caused by pressure of the gravid womb. The color is very different from the unimpregnated state.

Montgomery refers to ths discoloration and discusses its indication at considerable length and subscribes "with perfect conviction that this phenomenon is scarcely ever wanting, and thus, is one of the most constant signs of pregnancy. In one point only, we are not as yet clear, whether it belongs exclusively to pregnancy, or appertains likewise to other states of life."

Wistrand, of Stockholm: However, it can naturally only give probability, more or less strengthened by other phenomena, never perfect certainty, which can only be obtained at a later period of pregnancy.

In view of the above quotations the assertion that this sign of pregnancy is not mentioned in the ordinary text books and that it has "fallen into oblivion," betrays a remarkable degree of unfamiliarity with contemporary literature. Our library is not very replete with works on obstetrics, or, doubtless, we should have been able to give more numerous quotations.

New Remedies.

Ever and anon this subject of "New Remedies" crops out in a paper read before some medical societies, or in an article from the pen of a medical editor, and the expressions, as far as our observation has extended, are condemnatory of the course of manufacturing pharmacists in calling the attention of the profession to new drugs, so-called, and placing samples of the same on trial in the hands of physicians. In some quarters, indeed, it has become quite the fashion to sneer at, and even roundly denounce pharmacists as a class, because of their enterprise and perseverance in asking the attention of those who alone are qualified to adjudge their merit, to drugs which have not heretofore been tested. The reasons for this attitude on the part of the physicians alluded to have never been very clearly defined. Their opposition is based on general principles—so "general," in fact, that they elude every effort at specialization. Without any intention of being personal, therefore, we are forced to the conclusion that this opposition is captious and entirely independent of the merits of the case. It is not for us to divine its motive. It is notorious, however, that it is from the wise men of the East that this opposition principally comes, and it is barely possible that the fact that the new remedies of late years, have been introduced on the experience of the western and southern physicians, is not unconnected with the cause. We would deprecate any attempt to stir up a sectional feeling, but the fact cannot be denied by those who have had an opportunity for the forming of an opinion, that there exists in the Atlantic cities among those who frame the medical sentiment of the East, an ill concealed contempt for the Western physician as well as for the Western medical college.

There is no doubt that many of the remedies introduced to the profession within a few years, and thus distinctively known as "new remedies," are immense-

ly popular with the profession, taken as a whole, our criterion of this popularity being a partial knowledge, at least, of the quantities of them which are sold. This fact, we maintain, argues either merit on the part of the drugs or ignorance or gullibility on the part of those who employ them. It is only those who have never had an opportunity of judging of the keenness of judgement, the shrewdness and the independence of the country physician, thrown as he is by force of circumstances on his own individual resources in times of trial and in grave cases, and thus educated through the stern logic of facts, that will accuse him of inability to judge of the merits of a drug. Those who know him best will, moreover, be the last to accuse him of compromising the interests of his patients by having "the wool pulled over his eyes" through the "oily tongue" of the pharmaceutical "drummer." These gentlemen could teach the young and patientless "scientist" of the East, from whom these charges principally come, some wholesome and very much-needed lessons in the practical treatment of disease.

It is a singular fact, but yet a fact, that those who most roundly condemn new remedies are those who, confessedly, have never submitted them to a trial. They are those who, drawing their inspiration principally from the Germans (the Germans having been the most fashionable of late years) or French or English, deem nothing worthy of a trial which has not crossed the Atlantic. The manner in which jaborandi, notably in the last few years, and more lately Chian turpentine, has been received illustrates this statement. Jaborandi fortunately proved to be a valuable remedy, but that was not more positively known when first introduced than that Chian turpentine was valuable. Dr. Clay, of England, says he finds Chian turpentine useful in uterine cancer, and notwithstanding all views based on a knowledge of the pathological nature of this disease, instantly an immense demand springs up for the drug and the demand continues notwithstanding the fact, which we think is not doubtful, that it is as worthless an agent as cundurango in the same class of cases. Had an American, particularly a Western physician, introduced Chian turpentine and made such claims for it as Dr. Clay has made, he would have been classed as "another of those ignorant quacks" and the present scarcity of the drug would never have been created. We might mention other instances of a like nature, but this one will suffice to illustrate the fact of the inconsistency, to use a mild term, of that portion of the American profession which arrogates to itself the position of leaders. Indigenous drugs now becoming popular were for years, and until commended abroad, unknown to this class. Euonymin, irisin and podophyllin were either unknown, or known either as some despised Eclectic drugs, until Rutherford, of England, investigated their properties. They are now deemed worthy of a trial.

The American who drives four-in-hand, wears the cockney eye-glass and affects the cockney accent is unanimously voted a snob; but snobbery does not pertain exclusively to eye-glasses and dialect. The snobs in medicine are those who despise the experience of the honest home practitioner, but swallow without a question and at one gulp, whatsoever cometh from abroad.

Teaching vs. Examining Bodies.

The great majority of medical schools of this country are private corporations, directly dependent for support on their student's fees. Students, therefore, being so directly essential to the very existence of these schools, each endeavors by various devices to induce the attendance of the largest number of embryo doctors. As a rule these devices are strictly honorable in their nature, and are confined to the advertisement of the actual advantages offered by each of the competing corporations. But while this is the rule there are flagrant exceptions to it by colleges regularly chartered by the several states in which they respectively operate. The "colleges" recently brought to grief in Philadelphia were not the only ones given to crookedness in the matter of conferring the degree of the doctorate. The arch fiend in that diabolical business made no show of other requirement than dollars for his sheepskin. There are at least a dozen, and perhaps a score of institutions, in this country whose classes are recruited from year to year, the inducement very generally understood, if not definitely advertised, being the ease with which the coveted sheepskin is carried off. Such a thing as the "plucking" of a student at one of these colleges, so-called, was never heard of, and never will be while students have money to put up.

The above facts should be kept uppermost in every effort to secure such legislation as is intended at the same time to assist in the elevation of medicine and to protect the health and lives of the people. Any legislation which does not remedy this abuse will be useless. We take the ground that there are practitioners of medicine in this state, not possessed of diplomas, who are better qualified to practice than many who hold the sheepskin, and any effort at reform which accepts a mere diploma as a guarantee of proper qualification will be ineffectual and abortive. It is true the mere requirement of a diploma would result in the expulsion from our borders of many whom it would be well for us to be rid of, but it would also expel many able practitioners, gentlemen who have laid a certain foundation by an attendance on one course of lectures, and who by studious habits and close observation have afterwards thoroughly qualified themselves. It would, also, impose upon us many who though possessed of diplomas are not possessed of the necessary qualification to practice medicine. When the state undertakes to right this abuse let it be radical in its methods. To begin with an examination of all practitioners would, of

course, not be practicable, but to exact an examination of those now practicing without diplomas, and afterwards to require every new comer to come up to a proper standard, of which an examination alone shall be the test, would not only be practicable, but actually necessary to the effecting of the desired reform. We would not endorse that section of the Ontario Medical Act which requires all practitioners to be graduates of some Canadian college, but with this and several other more immaterial exceptions, the Act is one which we would commend to the profession of this State. The strong feature of it is the separation of the examining and licensing bodies from the teaching body.

We present in this number of the NEWS the outline of a bill for the consideration of our readers in the hope that they will give it their approval and require of candidates for representatives in the state legislature, a promise to support it as a condition of securing their votes and influence at the polls. This matter must be taken to the polls in this manner, and by so doing the passage of the bill will be assured. The profession have handled this subject too daintily, heretofore, and it becomes them now to learn the wisdom of the world and to practice it.

We would say for the bill the outlines of which we submit, that it makes no distinction in the so-called schools of practice. It is based on the Ontario Medical Act, but is divested of several provisions of that Act which would be held to be somewhat at variance with the spirit of our institutions. With the manner in which the bill presented to the last legislature was received, and the change in the views of the people since then, in view, we entertain a strong belief in the possibility of securing the passage of a bill containing the features we have suggested. The only thing which will contribute to its defeat will be the apathy of the profession, which does not properly appreciate the influence which it has in its power to wield. The time between now and election day is short, but is long enough to enable the physicians of the State to secure from each candidate for the legislature a pledge that he will lend his support and give his vote to the passage of such a bill.

Owing to lack of time we have not been able to submit a complete draft of bill, but will do so before the meeting of the Legislature, hoping in the meantime to receive suggestions from our readers, which we shall be glad to consider in preparing such draft.

Medical Legislation.

It pleases us that we are able to report the receipt of a considerable number of communications, warmly endorsing the proposition to go again before our State legislature the coming winter, with the demand for such legislation as will lift medicine in this State from the disgracefully low estate into which it has fallen. The position of Michigan in the matter of medical education is a somewhat anomalous one. In the matter of secular education she stands in the foremost ranks, her legislature and her municipalities being noted for the encouragement they give both to the elementary and the higher literary education. She has, however, heretofore obstinately refused all encouragement to progress in medical education. It is true her medical schools are not secondary in any respect to those of any other state, but the stand they have taken has been in spite of, rather than in virtue of, any action by the State by way of encouraging their efforts. While other States have during the past few years been insisting by proper legal enactment that those who undertake the important trust of caring for the health and lives of their citizens, shall present evidence of fitness for the office, the citizens of Michigan are at the mercy of any mountebank who chooses to dub himself an M. D. The Michigan State Board of Health stands deservedly at the head of not only all similar organizations in this country, but of all other countries. The plans for preventing disease and thus saving the State the expense which the sickness of the citizen entails, are abreast of the most recent and approved advances in sanitary science ; but, monstrous inconsistency ! when the citizen, in spite of the efforts of the State to keep him well, falls sick, he is allowed to fall into such hands as will not only prolong his sickness, but entail upon the State the additional expense of his burial !

The great obstacle to medical legislation in the past has been the cry of "class legislation." The people have formed the opinion that physicians in moving to have the State rid of unqualified practitioners have been actuated by a motive purely selfish. They meet with the incredulous smile all assertions to the effect that the proposed legislation is primarily in their interest, and look with suspicion on those well-meant efforts on their behalf. In denying the possibility of unselfishness on the part of the profession they willfully close their eyes to what physicians have done for them, not only without hope of fee or reward, but to the positive detriment of their (the physicians) own interests, that is, regarding those interests as being enhanced by the prevalence of disease in the community. Sanitary science stands where it does to-day, the prevalence of disease curtailed and the average of human life increased, we may say solely through the unrequited labors of the medical profession. Our Boards of Health, National, State and municipal are not only controlled by, but actually composed of physicians, who devote themselves to the duties thus self-imposed without pecuniary compensation, direct or indirect. And not only is the profession thus engaged in this pure labor of love, but it cares for the mendicants in public eleemosynary institutions without pay, while the amount of charity work done by individual physicians in their private capacity will never be known, and if known the value could not be computed. And yet when the profession asks for protection, not so much for itself as for the people themselves, against ignorance, incompetency, and positively criminal practice, it is, forsooth, met with the cry of "class legislation !"

This is why we at times well nigh loose our temper and feel like exclaiming, "Ephraim is joined to his idols, let him alone!" But let another effort be made this winter. Let the profession as one man send to Lansing a demand for such legislation as will not only redeem Michigan from its unwholesome repuation of being the elysium of medical mountebankism, but such as will second the laudable efforts of her medical schools to raise medicine to its proper position among the sciences.

The Metric System.

The *Medical and Surgical Reporter*, in its issue of the 9th inst., makes some very timely remarks anent the reception which has been, and is now being accorded this foreign innovation. It calls attention to the *eclat* which first greeted it from certain quarters, and to the enthusiasm which was sought to be aroused in its behalf, on the top waves of which it was expected it would ride into general professional favor. This enthusiasm has, however, subsided in a remarkable manner and with remarkable suddenness, and the thermometer of the metric is at this writing very low. Indeed unmistakeable signs of weakening are, ever and anon, appearing in those journals which erst banished from their columns the despised system of our fathers, and regarded with ill-concealed impatience or very contempt, those of their contemporaries who would not subscribe to the novelty. In these journals the old familiar ℈, ʒ and ℥ again meet the eye, and their appearance is an acknowlegement on the part of the "reformers" that they cannot manufacture, at will, a sentiment contrary to the deep dwelling common sense of the American profession.

It is questionable, as our contemporary points out, whether the metric system ever received any considerable recognition from the leading physicians of the country, the recommendation of the American Medical Association, at its last meeting, to the contrary notwithstanding. A certain class in the profession, and they are found principally among the younger men, are very prone to embrace the new; these have been the principle champions of the French monstrosity, for a monstrosity it unquestionably is. The few older men who have vainly endeavored to familiarize themselves with it, and have done so with a perseverance worthy of a better cause, have been actuated by a fear of being regarded as "old-fogyish" should they not follow in the wake of the "advanced thinkers." We can recall some five or six physicians in this city who resolutely resolved to write their prescriptions in the metric system, and we venture to say that not one of them had the faintest conception of the size of the centigramme, and much less the milligramme, until they had converted it into the corresponding fractions of a grain. Invariably, as far as our knowledge extends, these gentlemen first either wrote their prescriptions, or mentally conceived them, in apothecaries weight, and afterwards by arithmetical process, converted them into the metric equivalents. The absurdity of this unnatural attempt to be fashionable has, we are happy to say, dawned on these worthy gentlemen and the metric has, by them at least, been abandoned never again to be resumed.

We strongly incline to the opinion that the American Medical Association will repent of its error in even recommending the adoption of the metric, and that the attempt to introduce it into the U. S. P. will be repudiated by a very unanimous profession. Dr. Gaillard in his *Medical Journal* says, "the whole effort will be an absolute failure. Nothing less than a law making its adoption imperative by the representatives of all avocations using weights and measures, can secure its use by physicians. It is idle to use resolutions and reports for this purpose. It is courting failure." Inasmuch as law is the expression of the better sense of the community we apprehend it will not be during the present generation, at least, that such a law will become statutory.

Outlines of a Medical Bill.

It is assumed that a general plan of organization of the profession would be acceptable to the majority of those practising medicine in this state, while a large element would, for interested reasons, oppose any such plan. We would suggest as the basis of organization the following:

1. The bill to be known as the "Michigan Medical Act."

2. The profession, irrespective of views on the modus operandi of drugs, to be organized under this Act into a Corporate body, to be known as the College of Physicians and Surgeons, of Michigan.

3. The enregistration, at one central office, of all members of the College.

4. The establishment of a Medical Board the members of which to be appointed by the Governor of the State, as follows:

a. One physician from each of the congressional districts.

b. Two members of the faculty of each regularly organized medical college in the State.

c. Two members of the State Board of Health.

5. The establishment by this Medical Board of a standard of preliminary literary requirement for all matriculates in medicine, and the examination by the Board of all candidates for matriculation in the medical Colleges of the State.

6. The establishment by the Board of a standard of requirement for membership in the College of Physicians and Surgeons of Michigan, and the examination by the Board of all candidates for membership, this examination to be confined to anatomy, physiology, chemistry obstetrics, operative surgery and public hygiene. All candidates for such examination to be graduates from properly chartered medical colleges.

7. Membership in the College of Physicians and Surgeons of Michigan, to be necessary to the legalization of the practice of all physicians in the State.

8. All practitioners, graduates of properly char-

tered institutions, and residents in the State on the first day of July, 1881, to be members of the College by simple registration.

9. All practitioners of medicine of ten years' standing and not graduates in medicine, and residents of the State on the first day of July 1881, to be members of the College by simple registration.

10. All practitioners of medicine of less than ten years standing, and not graduates in medicine, practicing in the State on the first day of July, 1881, to be allowed to present themselves for examination for membership in the College.

11. All students entered in the medical colleges of the State on the first day of July, 1881, to be exempt from the requirements of the bill regarding matriculation examinations.

12. The appointment by the Board of an officer to be known as the Registrar of the College of Physicians and Surgeons of Michigan, such registrar to be a regularly salaried officer, whose duties, besides being clerical, shall be to receive and prosecute all complaints against violators of the Act.

13. Proper provisions for the payment of registration fees and the collection of annual dues, the payment of annual dues being essential to the continuation of membership in the College.

14. The fixing of a penalty for the violation of any of the provisions of this Act.

The above is submitted as the outline of such a bill as we believe would work material reform both in the matter of medical practice. and medical education in this State. It would ensure competency on the part of graduates in medicine, and would compel such colleges as are ambitious to graduate large classes to adopt a proper standard for the final examination of such students, at least, as contemplate practicing in this State. It seems to us that any bill requiring less than the above will fail to bring about any very desirable change from the go-as-you please system, or absence of system, now in vogue.

Tracheotomy in Croup and Diphtheria.

Tracheotomy is an operation which has in it the possibility of saving many lives which are now lost, but one from which the great majority of practitioners either shrink entirely or resort to only as a forlorn hope. Several recent writers have strongly urged that it should not be regarded as a mere *dernier ressort,* but that it should be performed early in the disease and before the aeration of the blood is seriously implicated. Performed thus early it may save many lives; deferred until all other measures have been vainly tried, and resorted to as the "last chance" it is very likely to fail of even affording relief, while the hope it gives of ever warding off the fatal issue is reduced to the minimum. The efforts, however, to fix the operation in its proper position as a legitimate operation have not met with any considerable degree of success. Performed early in the disease the risk would unquestionably be run of operating on cases which would probably recover without interference, but this danger should hardly be set over against the lives which are undoubtedly sacrificed to delayed surgical interference. The operation is far from a trivial one in some cases, and possibly the statement of Dr. Gross, that he knows of no operation he approaches with greater dread than that of trecheotomy when the subject is a child with a short, fat neck, has had much to do in deterring others from resorting to it.

Drs. Lee and Fenger, in the Chicago *Medical Journal and Examiner*, publish a series of twenty-two cases of tracheotomy with eight recoveries—thirty six per cent. This percentage of recoveries in cases which would probably have died had the operation not been performed should tend, one would think, to make treacheotomy more popular. "We take the ground," say these gentlemen, "that as medical men, when all medical means have failed, we have no right to deny the little sufferer the last chance for his life, and, furthermore, that the parents have no moral right to do this either. In an experience extending over a number of years we can say that in no case where the operation has been advised and the advise rejected, (and they have been many), has the child recovered. We trust the time is not far distant when the medical attendant will be as ready to perform tracheotomy as a life-measure, as he now is to adjust the obstetric forceps on an impacted head. * * * * If we operate early, we have the satisfaction of saving a large percentage of cases, but feeling doubtful if some of these would have not recovered without surgical interference. If we operate late, we know by experience the rate of mortality rises to a discouraging height. So the first question that naturally arises is: "Does the operation *per se* jeopardize the the patient's life? We think to a slight extent it does."

In view of the experience of these gentlemen and of that of the more recent writers on the subject we think that instead of waiting until all medical means had failed, it would be better to operate as soon as the gravity of the case makes it probable that all medical means are *likely to fail.*

Olive Oil for the Removal of Biliary Calculi.

While a medical journal is not held responsible for the views of its contributors, it is nevertheless expected to exercise such an oversight of its contributions as will prevent the appearance in its columns of anything which is positively absurd, and when anything of this nature does appear the journal is itself and very, properly, too, held responsible by its readers.

The London *Lancet*, of 18th ult., contains a communication from a Dr. Roderick Kennedy, of Kingston, Canada, in which extraordinary properties are claimed for olive oil in large doses, as a remedy in biliary calculi, it being affirmed that this agent softens the calculus and causes its easy expulsion. "It is scarcely a matter of doubt," says Dr. Kennedy, "that the means resorted to for solution and expulsion of biliary calculi have hitherto proved slow and

uncertain in their operation." The difficulties in the way of the softening of calculi and their expulsion from the gall bladder will be readily conceded by by most physicians who have a proper conception of anatomy and of the physiological action of drug, and few will dispute Dr. K's statement in reference to the unsatisfactory results of all attempts heretofore made to soften and dislodge them. And furthermore the number of those who will be found to believe that this softening and dislodgement can be effected by olive oil will also be very few, and this number will not be materially augmented by recruits from rational physicians, at least, by the remarkable report which Dr. Kennedy writes and which the London *Lancet* prints. Three cases are given in each of which there were symptoms of hepatic colic. in each of which large doses of olive oil were administered and in each of which copious discharges of gall stones followed the administration. In one case it is specifically stated that two hundred stones were passed "varying in size from a grain of wheat to a filbert." These were all, it is said, very much softened.

If Dr. Kennedy is honest in his belief that the masses brought away were calculi, and that the olive oil brought them away his elation at his "discovery" is pardonable. But were he to give olive oil in doses of equal size to patients in whom biliary calculi were causing no trouble, and from whom a copious discharge of "gall stones" were to follow, his belief in the relation between the cause, (olive oil) and the effect, (the discharge of biliary calculi), would perhaps be shaken. If he wishes to remain firm in his faith let him not try the experiment. The supposed gall stones which his patients passed in such numbers were nothing more nor less than the margarine of the oil, which had become congealed. If Dr. Kennedy had taken one of the "gall stones," to a chemis. the communication addressed to the credulity of the readers of the *Lancet* would not have appeared, and his own reputation as a scientific physician would have suffered no violence.

Four Years for Medical Students.

Our readers will bear us witness that we are no enemies of the cause of advanced medical education. Our voice has been decidedly for an advance all along the line, and we not only heartily commend the course of the honorable few who have made three years' attendance at lectures an imperative condition of graduation, but roundly condemn those schools, as not reflecting the sentiment of the profession, which refuse to advance beyond the old-time two sessions of four, five or six months each. We believe, however, that such schools will ere long be compelled by the force of professional opinion to come up to the higher plane, or failing this, will be forced by legal enactment to advance. We believe that there is developing a sentiment among the profession, for a higher medical education, which will ere long find expression in laws passed by our state legislatures. The necessity for a supply of doctors, largely regardless of their qualifications, has for some time ceased to exist, and the physician of the future must be an educated man.

These being our views it would be expected that any institution increasing the length of time of study required for a degree, would have our endorsement and that, therefore, the new college "The Medical Department of Hamline University, Minnesota" would be warmly commended for its adoption of a full graded course of four years. We do commend this advance, and as an esteemed Chicago contemporary, on whose editorial staff appears the name of one of the professors of the new college, asks the medical press of the country to do, "take pains to notice the bold and positive stand taken by the young school in Minnesota." Our admiration of this "bold and positiive stand" has bordered in the extravagant, and we have looked to Minnesota for future big things in way of new doctors. The following from the *Medical and Surgical Reporter*, however, dashes our hopes, for how shall a "college" teach and wherewithal shall its "professors" be clad and fed if it have not students? Can the "professors" teach and clothe and feed each other? Nay, verily: "Inasmuch as the 'Hamline University' has not a single medical student, and its 'Professors' have been and are much more interested in their private practice than in medical education, it is easy to take a stand which involves no sacrifice nor even risk. Heroism and high principles are cheap at that price."

From which it appears that "Hamline" exists only on paper and in the minds of its "professors," and that the "full four years' graded course" is a myth!

Cannabis Indica as a Preventative of Hemicrania.

In a paper read before the Canada Medical Association, at its last meeting, Dr. James Stewart, of Brucefield, Ont., (*Canada Medical and Surgical Journal*) speaks approvingly of Cannabis indica as a prophylactic in hemicrania. Any remedy which will obviate an attack of one of the most unsatisfactory diseases to treat commends itself. at once, to the attention of the physician. Dr. Stewart's report embraces fifteen cases, in three of which there was complete prophylaxis; in six, great relief, with a lengthening of periods between the attack; in three, no appreciable effects followed; and in two the administration of the drug was decidedly injurious, the periodic attacks recurring with greater frequency and severity after its use.

This experience of Dr. Stewart's tallies very closely with our own in the use of this drug. The fact that it relieves some cases, has little effect on others and positively aggravates a few, indicates a variety in the causation of the complaint. Dr. Stewart suggests the class of cases in which the remedy

is likely to be of service: Seeing that hemp is a vascular dilator, it would be indicated in those cases of hemicrania where there is arterial spasm, and it is in all probability only in those cases where we may expect benefit from its use. In the opposite class of cases where there is a dilatation of the vessels —the neuro-paralytic variety of hemicrania—it would be irrational therapeutics to order its administration. Unfortunately we are not able in every case to say what form of hemicrania we have to deal with, and have, in consequence, to work for a time, at least, in an empirical manner. The action of the drug assists us in ascertaining the nature of the cases; according to the Hippocratic aphorism "The study of the action of a remedy shows the nature of the disease."

Dr. Stewart suggests the following as a good working rule in the majority of cases: "The cases of hemicrania that are relieved during the paroxysm by nitrite of amyl are likely to be greatly benefited, if not entirely cured, by the continuous use of Indian hemp. The drug should be given continuously for a period of at least six months, and in doses of a one-fourth to three-fourths of a grain three times a day."

Rheumatism *vs.* Lead-Poisoning.

We would respectfully ask the attention of our readers to the reprint in our present number of a paper presented by us at the late meeting of the Michigan State Medical Society, and appearing in the "Transactions for the year 1880." Our reasons for reproducing this article and asking especial attention to it, lie in the fact that the views contained therein met with no inconsiderable opposition at the time the paper was read. This opposition was doubtless honest but we are constrained to express the opinion that it was based on an imperfect consideration of the subject. Our attention was especially directed in this line by the cases referred to in the paper, and a case treated since those reported, together with cases which we have since noticed as reported by others, strengthen us in the conviction that in many of the cases of so called rheumatism which stubbornly resist all other treatment, but which are speedily relieved by iodide of potassium, the connection between the remedy and the materies morbi is overlooked. Although the direct evidence presented is meagre it seems to us that a careful study of the symptomatology of rheumatism and lead-poisoning in connection with this evidence, will reveal a relation of cause and effect between lead and the symptoms frequently referred to subacute or chronic rheumatism. Considering the extent to which lead enters into the composition of culinary utensils and the many other sources of absorption to which the people are subjected it would be very strange indeed were saturnismus, in its different degree of severity, not more common than it is usually supposed to be. The question is one which is certainly worthy of consideration and we should be pleased to hear from any of readers whose attention may have been called to it.

Malaria in New England.

It has been the boast of the New England States that they are free from fever and ague, the scourge of the West and South. It is true, malaria has prevailed in the history of these states, but the prevalence has been at long intervals, and with many years of complete immunity. For forty years prior to 1865 fever and ague was unknown in that part of the Union. An epidemic of it followed the war of 1812, as also it did the war of the Revolution, but between 1812 and 1865, the close of the war of the Rebellion, there occured no cases *de novo* in the New England states. These facts led to the supposition that the germs of the malaria were imported by the soldiers returning to their homes from campaigns is malarial districts. While this cause may have operated in the epidemics referred to, something different most be suggested to account for the prevalence of the infection during the past summer. It appears that it has prevailed to alarming extent, particularly along the Connecticut valley. In the Housatonic valley, in south western Massachusetts, hitherto a very healthy district the malarial epidemic has been the severest ever known in New England, the disease attacking all classes of persons and of all ages, new residents and old, and casual visitors.

The non-descript State Board of Health of that state has undertaken an investigation into the causes of the unusual occurrence, and its report will be awaited with interest. In the meantime conjecture is rife and the opinion is expressed that the cause lies rather in the tainting of wells and water-courses by the discharges of fever and ague patients, than in "the emanation from swamps or any other purely aerial or malarial agency."

Miscellany.

Michigan State Board of Health.—The regular quarterly meeting of this Board was held at its office in the State capitol at Lansing on Tuesday, October 12, 1880. The following members were present during the meeting: Prof. E. A. Strong, of Grand Rapids; Hon. LeRoy Parker, of Flint; Rev. D. C. Jacokes, of Pontiac; H. F. Lyster, M. D., of Detroit; J. H. Kellogg, M. D,, of Battle Creek, and Henry B. Baker, M. D., Secretary.

IMPURE WATER.

Dr. Kellogg reported the completion of his paper on contamination of water by decaying wood, and mentioned in that connection some observations of his in regard to ice being contaminated by decaying sawdust and other impurities. He showed the fallacy of the popular belief that ice freezes pure, and said that it incloses all organic impurities that float. He described a water-cooler which was designed to avoid contamination of the water by the ice, as would happen if the ice were placed directly in the water. A cylinder containing ice was placed in the center of the cooler allowing the water to come in contact with this cold cylinder without touching the

ice. He also reported progress in studies relative to the work of the new committee to which he was appointed, "the relations of preventable sickness to taxation."

Dr. Baker made a report of the

WORK IN THE SECRETARY'S OFFICE

during the past quarter, which showed the distribution of a large number of annual reports and other documents to officers of local boards of health and other persons. Heretofore documents have usually been sent to the county clerks for distribution to local officers, but having seen that it might be as difficult for some persons to get them from the county clerks' offices as from Lansing, the secretary sent a circular letter to presidents of villages, asking them whether they wished them sent to county clerks, or if they would pay the express charges if sent to them direct. Of 102 replies, 73 desired the packages sent direct, 29 wished them sent to the county clerks, and of the latter, many now lived at or near county seats. Many of these officers expressed great interest in the information contained in the documents of the state board. From evidence collected at Lansing, it would seem that the documents issued by the state board of health are in greater demand that any state documents, with the exception of the reports of the state board of agriculture and state pomological society.

REGULATION OF MEDICAL PRACTICE.

The Secretary stated that in responce to communications relative to the proposed regulation of medical practice, he had prepared a paper and a form for a bill. He submitted an outline of it to the Board. He had done this heartily because he feared the State Board of Health would be made the examinating board, and its usefulness for other important work impaired.

Later in the session Dr. Lyster spoke on the same subject, and the following resolutions were adopted by the Board:—

Resolved, That there should be required of all who are to begin the practice of medicine in this State an examination as to their qualifications.

Resolved, That such examinations by the State should be restricted to questions in demonstrable knowledge as distinguished from questions of mere opinion.

Resolved, That, as a public health measure, a committee of three be appointed to prepare and report at the next meeting of the Board a plan for furthering the objects stated in the preceding resolutions.

Drs. Lyster and Baker, and Rev. Dr. Jacokes were appointed such committee.

THE ANNUAL REPORT OF THE SECRETARY

relative to property received and disposed of during the fiscal year ending Sept. 30, 1880, showed the purchase and placing of meteorological instruments in different parts of the state, the addition of 414 books and pamphlets to the library of the board, the receipt of weekly and monthly mortality statements from the principal cities in the United States and some foreign countries, the distribution of similar information respecting Lansing and the State; the detailed expenditures of the office, which are classified as follows:

Expenses of members attending meetings $205.65, instruments and books $147.11, paper, stationery, etc., $192.51, postage for the office $581.90, postage by members $16.30, printing and binding $389.27, secretary $2.000, miscellaneous (which includes telegrams, express, freight, etc.), $120.39, making a total expenditure for the fiscal year of $3,653.13.

EXAMINATIONS IN SANITARY SCIENCE.

The Secretary reported that Dr. M. Veenboer of Grand Rapids, and Henry B. Baker, M. D., of Lansing, the applicants for examination in Sanitary Science by this Board, July 14, both passed the examination, and the Board had since voted to grant them certificates. It was voted to publish the questions asked these candidates, in the Report of the Board for 1880. The Secretary reported that in accordance with instructions from the Board, he had prepared a list of books valuable for reference and study by candidates for the examinations in Sanitary Science, and it was voted to print the list in the Annual Report for 1880.

OZONE.

An interesting paper by J. Mulvany, M. D., of the British Navy, giving the results of ozone observations conducted in various parts of the world, was presented, accepted with thanks, and ordered published in the Annual Report. The paper was read before the Meteorological Society, London, England, but not yet published.

REMOVAL OF THE SMALL-POX CORPSE.

The Secretary presented a letter describing the method of re-interment, under the direction of the health officer of Lansing, of the body of a person who had died of small-pox.

SANITARY CONVENTIONS.

It was voted to hold two Sanitary Conventions for the reading of papers, discussion of sanitary topics, and the exhibition of sanitary appliances, during the coming Winter. Rev. Dr. Jacokes and Dr. Baker were appointed a committee to receive invitations and make arrangements for the Conventions. Persons desiring a Convention at any place, may correspond with either member of the above committee.

Prof. Strong said the convention at Grand Rapids last winter had greatly stimulated public health work in that city.

The secretary presented an invitation to the international medical congress to be held in London, August, 1881.

Dr. Jacokes presented a drawing and description of plan for introducing fresh air to be warmed by a coal stove in the room.

The Secretary was directed to investigate the hog cholera now prevailing in the southwestern part of this state, and find if possible any relation between that and any sickness in the human species.

Prof. Strong, the new member, was assigned to work on the committees on the "relations of schools

to health," and on "the relations of climate to health."

Dr. Baker presented specimens of pine infected with a fungus which had completely destroyed the floors of several rooms, constructed of that wood, in a new building. The fungus seemed to grow most where the floor was covered, as with oil-cloth, or by boxes resting on the floor; and in one room the decayed floor corresponded with the portion not exposed to light, though that case may be explained by a greater amount of moisture in that part of the room, because of dampness underneath. The odor in the room was that mouldy or musty odor not infrequently met with in close rooms. It caused frontal headache, and a person engaged in repairing the floor had spells of sneezing on two occasions, some months apart, while thus employed.

The Secretary presented communications from E. P. Christian, M. D., of Wyandotte, relative to diphtheria, etc., and he was instructed to use them in the Annual Report.

A design for an official seal for the Board was presented by Dr. Baker, and adopted.

Dr. Henry B. Baker was appointed a delegate to the American Public Health Association at New Orleans in December.

Auditing of bills and other routine work was accomplished during the day. The next regular meeting of the Board will be on January 11, 1881.

How the News Stands with its Readers.—We publish herewith extracts from a few of the letters, taken at random, containing remittances from subscribers. Our space, of course, forbids a reproduction of all the commendatory things said of us, but these are a fair sample and, it is needless to say, they are all unsolicited :

Dr. J. E. Bowers, Superintendent of the Second Minnesota Hospital for the Insane, Rochester, Minn: "I find the News one of the most useful and interesting journals that comes to my office."

Dr. H. M. Bennett, of Le Loup, Kansas: "I prize the News very much. It is the last periodical I would think of giving up."

Dr. J. F. Whiting, of Jenny, Wisconsin: "I prize the News for its practical commonsense."

Dr. D. A. Hogue, of Houtzdale, Pa.: "Enclosed find one dollar. I can by no means run any risk of being deprived of the News."

Dr. John Alexander, of Arkansas City, Kansas: "I get my money's worth in a single number, at times."

Dr. A. F. McLeod, Cottage Grove, Minn.: "Please discontinue the News until you hear from me again. I am going to travel, but must have the News when I settle again."

Dr. S. M. Sleater, Charlotte, Mich.: "I could not do without the News. Send it along, and at proper times the friendly bills, and the 'lucre' will be forthcoming."

Dr. W. Leaming Mathews, 2454 Christian street, Philadelphia: "The News is a most welcome visitor at my office—always highly appreciated."

Dr. Hannibal Landon, Remington, Ind.: "I like the News very much, and am surprised that you can furnish so much good and practical reading for so little money."

Dr. W. E. Jewett, Adrian, Michigan: "I appreciate the News very highly. It is an ever welcome visitor, and albeit I am one of the homœopaths, a profitable visitor also."

Dr. James P. Latimer, Newark, Ohio: "Having read the News for one year I think it now impossible to do without it."

Dr. James A. Leasing, Williamston, Michigan: "The News is a mighty good thing. I couldn't do without it."

Dr. F. A. Howe, Newberryport, Mass.: "I value the News, too highly to neglect remitting for it promptly."

Dr. J. S. Potts, San Jose, California: "I like that little News immensely, and wish it much success."

Dr. J. P. Newton, Benson, Vermont: "I should feel very much at a loss without the News."

Dr. W. L. Cuthbert, Little York, Illinois: "I must compliment you on furnishing such a good journal and for so little money. Bound into a volume it makes a valuable book for reference."

Dr. M. Crane, Ambia, Indiana: "The News is certainly well worth the money."

In addition to the above there is not a state in the Union from which letters of like import have not been received. We expect next year to run our subscription list up to 5,000, and our hopes are not without substantial foundation, for the News "takes."

New subscribers for 1881 will receive the remaining numbers for 1880 *gratis*.

Jenner Vindicated.—The following from is Dr. A. J. B. Jenner, of this city in refutation of the charge made by a contemporary some time since, that the illustrious discoverer of vaccination held a purchased diploma, with all that implies:

If the writer in the *Medical Tribune* had taken the trouble correctly to inform himself, he would have been spared the ignominy of publishing a base prevarication. Unlike most commercial articles, a lie never loses weight by retailing, and you in your issue of the 11th ult. confirm the adage by amplifying your contemporary's general statement; otherwise, I should not have deemed it worth my while to take any notice of the matter. Therefore, for the edification of yourself and readers, allow me to inform you that the degree M. D., in any other country than this, can only be obtained at an University; ordinary medical colleges and schools cannot confier it. Hence, in England, very few go in for it, the great majority obtain the diploma of the Royal College of Surgeons and the licence of the Apothecaries Company. Now, they must also obtain a license from the Royal College of Physicians, but, even this, does not entitle the recipient thereof to style himself M. D., but merely L. R. C. P. All Universities

confer the honorary M. D., degree, but, in England, upon none, absolutely none, but thoroughly qualified medical practitioners of known standing, and as a reward of merit. The University of St. Andrews, in Scotland, always did, and still continues to confer the M. D., degree upon any thoroughly qualificd medical practitioner, above the age of forty years, and upon none other, except through the ordinary curriculum and subsequent thorough examinaion. A purely clerical fee of five pounds sterling must accompany the application for the aforesaid honorary degree.

In refutation of the implied slander, and in vindication of the immortal name and fame of my most illustrious relative, I beg to say that Dr. Edward Jenner was legally apprenticed to a Surgeon named Ludlow who practised at Sodbury, a town in Gloucestershire. Subsequently, he became a pupil of the immortal John Hunter. In the year 1773 he passed the examination and received the diploma of the Royal College of Surgeons, of England. He also passed the then, as now, notoriously strict and exacting examination of the Apothecaries' Company, and obtain the license of that corporation. He then returned to Berkeley, his native town, and there practiced as a Surgeon and Apothecary for many years. In 1792 the University of St. Andrews conferred upon him the M. D., degree. Whether at his solicitation, or of its own volition, I cannot say. In any case, the purely clerical fee of five pounds sterling, would undoubtedly have to be paid. That such are the facts of the case, I can vouch.

Finally, such credentials (outside of Great Britain) are seldom equaled, never surpasscd, and, would everywhere be acknowledged as an absolute guaranty of fitness to practice in any part of the civilized world.

Does it Pay to be Strictly Honest, Professionally?—Dr. A. G. Smythe of Baldwyn, Mississippi, communicates the following on this interesting question:

In the article "Making Profits out of Human Weakness," in a late No. of the News, I am reminded of a medical practitioner, whom I have known long and well, who is a very candid and conscientious man, and is surrounded by a number of men who are less scrupulous. He being a leading member of the profession, is frequently consulted by persons, who suppose they are suffering from or threatened with, some serious or dangerous disease. If there should happen as is frequently the case in such cases, to be but little the matter or the case not well developed or established, he is almost certain to advise the patient to watch and wait for further developements. In a number of cases it has come to my knowledge that the parties would consult another, or perhaps several practitioners, most or all of whom would advise immediate treatment. It is almost needless to say that the latter advice is taken, and in a large majority of thc cases, the trifling complaint passes away as it would havc done in the majority of instances without any treatment whatever.

The worthy and candid practitioner has lost both money and character, the impression obtaining that he was becoming indifferent, growing old and careless.

As society and knowledge, are now made up, truth, honesty and integrity do not always pay, either in money or private and professional character.

Under the circumstances as we find them what is to be done? Play upon the weakness of the people or pander to their whims and prejudices? The author of the article in question failed to suggest a remedy for the evil. It will not be disputed that the outside fools govern society, but will it be urged that the profession should expend its efforts, making all the exertion in its power, in elevating all classes and conditions of Society, relying for its reward upon the assurance that Truth is mighty and will eventually prevail, and that honesty is the best policy?

The Apostate's Creed.—The following very clever hit at the scientific unbelief of the day appears in the N. Y. *Independent*, from the pen of Mr. A. Bierbower:

"I believe in a chaotic nebula, self-existent, evolver of heaven and earth, and in differentiation of the original homogeneous mass, its first begotten product, which was self-formed into separate worlds, divided into land and water, self-organized into plants and animals, reproduced into like species, further developed into higher order, and ultimately refined, rationalized and perfected in man. He descended from the monkey, ascendcd to the philosopher and sitteth down in the rights and customs of civilization under the laws of a developing society. From thence he shall come again by the disintegration of the heterogenized cosmos back to the original homogeneousness of chaos.

I believe in the wholly impersonal absolute, the wholly uncatholic church, the disunion of the saints, the survival of the fittest, the persistence of force, the dispersion of the body, and in death everlasting."

Drunken Doctors.—Dr. C. H. Merrick, *Pacific Medical and Surgical Journal:* "There is another weakness on the part of the public that needs a rebuke; a weakness some doctors take advantage of, much to their disadvantage as far as health and longevity are concerned. I alluded to drunken physicians. Did you ever know of a drunken doctor who was not a "splendid physician" in the estimation of some people? It is all bosh and nonsense. Drunkards are no sharper than other people. If a doctor does well when he is drunk he can do better when he is sober. Drunkenness does not sharpen the mental faculties of any one; but there are men who will call to the bedside of their dearest friend a drunken man to battle with the great destroyer Death, when, were they to have a barn framed or a garden planted, they would not have a drunken man around. Cases requiring the brightest memory,

the keenest perception and the promptest decision, are entrusted to a boozy, sleepy, thick-tongued drunkard!"

We wonder where our brother of the *Michigan Medical News* found the article headed "A Crucial Test for Homœopathic Medicines" which appears under its head of "Miscellany."—*Pacific Medical and Surgical Journal.*

We forget and haven't time to look it up. Perhaps it was from the *Pacific Medical and Surgical Journal*, which took it out of the New York *Homœopathic Times*. Come to think, we are quite sure that was the way.

"What do we get from iodine?" asked the medical professor. "We get—a-an—usually get idiotic acid," yawned the student. "Have you been taking some?" quietly asked the professor.

Dr. E. R. Squibb was a member of the committee for revision of the U. S. P. but has resigned. The immediate cause of his resignation was the decision of the committee at its late meeting, at Saratoga, to give Elixirs a place in the new codex. The motion to thus officially recognize elixirs was carried by a vote of nine to eight. There are many who will think all the more of Dr. Squibb for this pointed disapproval of the action of the committee.

An English medical paper says that a Maryland physician reports the case of a lady who, during pregnancy, carried with her a pocket edition of Moore's Poetical Works, which she read almost constantly. Her child, at three years of age, exhibited a most wonderful gift of putting sentences in rhyme, in fact naturally expressed his little ideas and thoughts in flowing measure! Blame not the bard; but a case like this shows how important is a well assorted library to a gravid uterus.

It would be interesting to know what poet Moore's mother read, while he was in utero. He rhymed when he was small and once when his very matter-of-fact daddy was about to whip him for his infirmity, he exclaimed:

"Oh daddy do some pity take
And I will no more verses make."

The leading article in the *North American Review* for November is by the Hon. William Beach Lawrence, and is devoted to an exposition of the monarchical principles in the United States Constitution. It is shown that under our Constitution the Executive is vested with powers far greater than those possessed by the king in a limited monarchy. In the same number of the *Review* Bishop W. C. Doane points out the advantages of free religious discussion; even "the blasphemy of irreligious discussion," he thinks, works the glory of God. The Hon. Montgomery Blair writes of "The Republican Party as it was and is." M. Désiré Charnay contributes the third of his valuable illustrated papers on "The Ruins of Central America." The other articles are "The Nicaragua Route to the Pacific," by Rear Admiral Daniel Ammen; "The Coming Revision of the Bible," by the Rev. Dr. Howard Crosby; "Recent European Publications," by Prof. T. F. Crane, and finally a paper entitled, "The Political Situation from a Financial Standpoint."

Book Notices.

A Treatise on the Diseases of the Eye. By J. Soelberg Wells, F. R. C. S., Doctor of Medicine of the University of Edinburgh; Professor of Ophthalmology in King's College, London; Ophthalmic Surgeon to King's College hospital; and Surgeon to the Royal London Ophthalmic Hospital, Moorfields. Third American from the third English edition, with copious additions, by Charles Stedman Bull, M. A., M. D., Surgeon and Pathologist to the New York Eye and Ear Infirmary: Lecturer on Ophthalmology in the Bellevue Hospital Medical College. Illustrated with Two hundred and fifty-four Engravings on wood and six colored plates, together with selections from the test types of Prof's Jæger and Snellen.
Philadelphia: Henry C. Lea's Son & Co., Detroit: Thorndike Nourse.

The last edition of this work, we learn from the preface, was published in 1873, and for some years the book has been out of print. The great advances that have been made in ophthalmology during the past seven years have rendered necessary a thorough and sytematic revision of the entire work, in order to bring it fully up to the present state of knowledge upon the subject. The unexpected death of the author less than a year ago has thrown upon another the work of this revision, Dr. Bull, who has found it necessary to make but few alterations in the text, his labors being confined to the addition of such passages as have been rendered necessary by the advances since the last edition was given from the press.

The book, as it appears in the edition before us, is, we think, the most complete work on its subject, and withal the one best adapted to the wants of those not specialists, known to the profession. It is of an encyclopædic nature, containing upward of 900 pages, octavo size, and is a model of clearness and perspicacity. The illustrations are simply beautiful, whether as regards the wood cuts or the lithographs.

A fuller notice of this classic work is unnecessary, while it would be impossible to give it a satisfactory review in the space at our disposal. It was the boast of a somewhat distinguished specialist that he spoilt a whole hatful of eyes before he knew how to operate. If he had had Wells for his guide he must have been deliberately stupid to have had such a crop of failures.

A Practical Treatise on Nasal Catarrh. By Beverley Robinson, A. M., M. D,, (Paris). Lecturer on Clinical Medicine at the Bellevue Hospital Medical College, New York; Physician to St. Luke's and Charity Hospitals, etc, etc.
New York: William Wood & Co. Detroit: Thorndike Nourse.

Any work which can throw any light on one of the most disgusting of affections and the most unsatisfactory as regard treatment, is always in order, and will be favorably received.

Dr. Robinson's book contains, first, an Introductory Chapter; and then chapters devoted respectively, to Division of the Subject, Considerations of Anatomy, Physiology and Pathology; Instruments for Examination of the Nasal Cavities; Instruments for Treatment of the Nasal Cavities; Anterior and Posterior Rhinoscopy; Prophylaxis and General Remedial Treatment of Various forms of Coryza; Hypertrophy of Turbinated Bones; and Follicular Disease of the Naso-pharyngeal Space (Post-nasal Catarrh).

The book has the charm of being based on the author's individual experience in the treatment of a large number of cases, and not lumbered with the copious extracts from many authors, after the plan usually resorted to by book-makers. It is, moreover, written in a very readable style, and is remarkably practical, being well supplied with valuable formulæ.

Hygiene and Treatment of Catarrh. Hygienic and Sanative measures for Chronic Catarrhal Inflammation of the Nose, Throat, Eyes and Ears. Part I. By Thos. F. Rumbold, M. D.
St. Louis: Geo. O. Rumbold & Co.

This work, of which the volume before us is the first part, is based on the intimate physiological connection which exists between the mucous membrane and the skin, recognizing the fact that climatic impressions on the exterior have a strong modifying influence on the internal surfaces. It is rational practice, therefore, to have the integument in view while treating catarrhs. Dr. Rumbold after an experience of twenty years is convinced of the unsatisfactory character of all such treatment of catarrhal inflammations of the mucous lining of the nose and throat as directs attention solely to such inflammations, as does not regard them as due to disturbances in the circulation of the skin, in fact. He, therefore, details very fully the measures he advises with a view to obviate the essential disturbing factor and discusses fully the question of prophylaxis, the prevention of colds and its importance, the care of the head, wrappings for the neck, clothing, the frequency of changes of the under clothing, the care of the feet, the temperature of apartments etc. These prophylactic measures are also important in curative treatment.

We have looked through Dr. Rumbold's little work with no little interest and think a general attention to his views would result in a much more satisfactory treatment or catarrh than now obtains.

School and Industrial Hygiene. By D. T. Lincoln, M. D., Chairman, Department of Health, Social Science Association. Price, 50 cents.
Philadelphia: Presley Blakiston. Detroit: Thorndike Nourse.

This is volume XII of the American Health Primers issued by the publisher. It is a very readable little book and one which we would strongly commend to all interested in, and to those directly engaged in, educational work. It is an undeniable fact that the great cause of the round shoulders, flat chests and general uncouthness which are too common in the community lies in the neglect of the proper physical training of our children. Dr. Lincoln in the chapter on Exercise calls attention to the necessity of such training and specifies such gymnastics as are useful to that end. This chapter alone is worth more than the price of the book, and the other twenty chapters are not less profitable.

Transactions of the Medical Association of the State of Missouri, at its 23rd Annual Session. A. J. Steele, M. D., St. Louis, Secretary.

This volume, we may say in general terms, reflects credit on the profession of Missouri. The President's Annual Address by Dr. G. M. B. Maughs, of St. Louis, is at once a very readable and a very "meaty" paper. It arraigns the tendency of the times towards specialism, specifying actual dangers to which the patient is liable because of the magnifying of his office, to the exclusion of all else, by the specialist. "The human organism is an entirety, a whole, and can only be successfully studied as a whole."

A paper by Dr. Engelmann, of St. Louis, on "Uterine Manipulations" merits especial mention. The conclusions, therefrom, should be burned deep into the minds of all those who essay to treat uterine complaints. It is not to be denied that the uterus is the most abused organ of the human body. If Dr. Engelmann's suggestions are heeded it may be spared much of the abuse due to the "scientific" manipulation of it at least:

1. Uterine manipulations necessitate the greatest possible caution, especially in a first examinations; but even the oft-treated organ may in an apparent freak, under unknown conditions, resent a most trifling interference.

2. No manipulation or operation is without danger; and, before attempting either, certain physiological and pathological conditions must be guarded against, menstruation, pregnancy and involution on the one hand, and the remnants of cellulitis and peritonitis on the other, above all, acute affections. These precautions may be often neglected, but now and then a punishment swiftly follows.

3. During operations we must, moreover, observe:

a. The Sanitary condition of the City. The existence of epidemics, especially of puerperal fever, erysipelas, or diphtheria decidedly contraindicates operation; and it seems that the spring of the year is most fraught with these dangers.

b. Absolute cleanliness, if not Listerism in its details, as far as practicable.

4. After operations—I am still referring to the most simple—the patient must be at least for a reasonable time, confined to her bed. Upon this the surgeon must insist, however ridiculous it may seem to the patient, without ache, pain or discomfort of any kind. Even after receiving uterine treatment patients should observe a brief period of rest.

Our space forbids a reference to other able and interesting papers.

The typographical and mechanical execution of the volume leaves nothing to be desired.

TRANSACTIONS OF THE 35th ANNUAL MEETING OF THE OHIO State Medical Society. J. F. Baldwin, M. D., Columbus, Secretary.

It is with societies as it is with the men who compose them, they do not always improve with age. If they did the Ohio State Medical Society would have presented a volume of transactions of which the profession of that State need not have been ashamed. The address of the President, Dr. J. A. Murphy, of Cincinnati, is the most interesting paper in the lot, and it is full of platitudes.

TRANSACTIONS OF THE MICHIGAN STATE MEDICAL SOCIETY FOR 1880, the 15th Annual meeting. Dr. Geo. E. Ranney, Secretary.

The attendance at the Grand Rapids meeting was very creditable, upwards of one hundred and twenty members participating, if mere attendance may be called participation. In the Secretary's minutes the same familiar names appear, which have always appeared since the birth of the Society, and with the same prominence. Of course some one must make motions and talk, otherwise there would be no meeting and we should have no "Transactions," but why is it that the same quintette should be called upon for lo! these many years, to make the motions and fill in the time with "remarks?" Fifteen years is half a generation, and much new blood has been taken, if not infused, into the society in this time. What has become of it? Has it been entirely assimilated by the "leaders" and has it thus lost its identity?

The president's address is on "Heat or Thermic Force," and is a scholarly paper, showing much research, but it seems to us better adapted to a more distinctively scientific society than a State Medical Society can be, or, indeed, should be, its highest object, it seems to us, being the comparing of notes among the members and the discussion of practical questions directly connected with the healing of the sick.

There are several valuable papers, among which we would mention, at the risk of the mention being considered invidious, Drs. H. O. Walker's paper on "Litholopaxy and Lithotomy," Dr. Lundy's paper on "Duboisia, a New Therapeutic, Agent," and the Report of the Committee on Surgery, Dr. McGraw, chairman. A Dr. E. B. Ward, presents a paper on "Medical Superstitions" in which an attempt to be funny results in a miserable abortion.

On the whole the Transactions for 1880 are creditable, but might be improved on. There are too few papers and not enough of these of sufficient merit to properly represent the profession of the "Massachusetts of the West.

ANNUAL REPORT OF THE INFIRMARY FOR HEMORRHOIDS, FISTULA and other Diseases of the Rectum. Incorporated 1879. Chas. B. Kelsey, M. D., Surgeon.

This Infirmary is, it is said, the only institution of its kind in America. There were infirmaries and infirmaries, but until a year ago that important, and necessary, part of the economy, the rectum, had not been provided for, and the first annual report of the Institution is before us. This report is so similar to the report of an Eye and Ear Infirmary which we had occasion to criticize a short time since, that to pass it by with a mere mention would scarcely be doing justice to either the report or the rectum. Dr. Kelsey treated in all 312 cases last year, among which were piles, fistulæ, fissures, prolapses, ulcerations, strictures, etc. This is the sum and substances of his "report." Here is an institution founded for the treatment of a very prevalent affection, and one withal, in the various modes of treatment of which the profession is very much interested, which has on its consulting staff such men as Drs. Leaming, Foster, Roosa and Hammond, and which asks the support and countenance of the profession. Its opportunities for shedding light on the most satisfactory method of the treatment of hæmorrhoids, and other affections of the rectum are very extended, and yet its report, like that of the Eye and Ear Infirmary referred to, contains a mere bald statement of the number of cases treated. Of course all such reports are primarily mere advertising dodges, and the only thing which can relieve them of illegitimacy is for them to give to the profession, whose attention they seek to attract, some deductions from the opportunities their "institutions" afford them. Failing to furnish such deductions they do not rise above the level of the patent medicine almanac.

Original Articles.

Rheumatism *vs.* Lead-Poisoning.

BY J. J. MULHERON, M. D.,

Professor of Institutes of Medicine, Materia Medica and Therapeutics in the Michigan College of Medicine.

[Reprint from the Transactions of the Michigan State Medical Society.]

My purpose in this short paper will not be to enter into a disquisition on the conditions which the title places in antagonism, but rather to direct attention to certain points in each between which there exists a similarity which is apt to lead to confusion in diagnosis and error in treatment. If what I assume to be a fact shall prove such, I venture the opinion that its recognition will be a step forward in the treatment of a number of obscure and oftentimes rebellious cases. This assumption is that many conditions usually recognized as of rheumatic causation are the results of lead-poisoning. If it should appear that there is a similarity in the symptoms of the two conditions, the presumption is certainly strong, from the great liability to lead-poisoning, that lead is to seldom recognized as the materies morbi.

It is not necessary to recount the symptoms of chronic subacute rheumatism. I shall content myself with enumerating some of the symptoms of saturnine impregnation. These are manifested chiefly in the nervous system, and are most frequent in those who have gradually come under the influence of the poison. Lead colic itself, occurring more

frequently, in my experience, in those who have been more rapidly poisoned, is rather a nervous affection than otherwise. But lead colic, which when it does occur is certainly pathognomonic, is by no means a necessary symptom of the poisoning. In the insidious, and for a time unsuspected, poisoning the symptoms are very heavily masked. We have a losing of flesh and a flabbiness of muscle, accompanied by malaise and a dullness of spirits, a lack of ambition, and gloomy forebodings, with a constipated condition of the bowels. How often this condition is diagnosed as "biliousness," and treated by a blue pill at night, to be followed by a dose of salts, sulphate of magnesia, in the morning, we have no means of ascertaining, interesting though the information would prove. This is the usual treatment in these cases, and fortunate he who follows it, for it usually checks in its incipiency what, if allowed to go on, would cause trouble. It is very fortunate for such cases that it is the popular custom to take a dose of salts in the morning to "carry off the mercury." The sulphate of magnesia is the best possible remedy for the lead-poisoning, relieving the intestines of what they may contain, and forming an innocuous sulphate with what remains. The physician, in prescribing thus, often prescribes wiser than he knows.

If, however, the trouble is not thus accidentally or otherwise nipped in the bud, a sickly pallor of the countenance ensues and darting pains are felt in the thighs and legs, or in the arms and chest, the constipation of the bowels containing. There is, also, usually, some gastric disturbance, and vomiting is not an infrequent occurrence, especially in the morning. The pains continue and finally become more permanent, settling more generally, with greatest severity in the legs. They are usually intensified at night, from which fact, especially if the patient have ever "sported with Venus and afterwards been punished by Mercury," syphilitic periostitis has been sagely diagnosed. Should the victim not yet have consulted his medical adviser he now does so, and the chances are that rheumatism is diagnosed and he is put on the commencement of the interminable list of "sure cures." The list is proceeded with, but the symptoms know no abatement until finally, throwing medicine to the dogs, the patient goes to either the Mount Clemens, or Sandwich, or some other sulphur springs, and is cured. This is no mere fancy sketch; I speak from actual observation.

In the winter of 1877 I was consulted by Mrs. P., who had come to see me after she had seen many others without relief. She complained of pains which had led her to be treated for rheumatism. I made a careful examination of her case, and although there were some points in it which would not point to rheumatism, I was unable to come to any other conclusion than that she was suffering from that affection in its chronic form. Inasmuch as she had been treated by thoroughly competent physicians, I concluded that she had taken the usual remedies, and instead of prescribing further internal medication, advised her to go to Mount Clemens and take a course of sulphur baths. She did so as soon as the spring opened and the weather became sufficiently warm, and returned home in about three weeks thereafter entirely free from her pains. The case made a strong impression on me, and led me to look fully into the relation between the springs and the cure. The patient informed me that the attendant at the springs remarked to her that the black deposit on her surface after each bath was unusually heavy, and that it was "the disease coming out." I had never been inclined to much faith in the sulphur springs, on theoretical grounds, as a remedy against rheumatism, and was disposed to regard the diaphoresis brought on by the hot baths as the relieving cause, rather than the sulphur. This case suggested another possible method in which they relieve those who apply to them. It struck me that the black deposit was a plumbic sulphide, the base of which was supplied by the system, and that the baths had worked a cure by assisting the elimination of lead. An examination of some of the cooking utensils in the lady's house by the nitric acid and potassic iodide test revealed the presence of lead. This evidence, though not conclusive, was suggestive, and I determined to suspect lead in the next case, with similar symptoms, which I might meet.

Since then I have had but one other case of this nature, but it furnished such direct testimony in support of the suspicion aroused by the above case that I submit is as the basis of the assumption made in this paper.

John T., saloon-keeper, German, æt. 37, came to see me last summer. Had complained of fugitive pains through his lower extremities for over a year, but found, through experience, that a few glasses of lager would relieve them. Latterly, however, the pains had become more severe and constant, and his favorite beverage not seeming to relieve as formerly, he concluded to consult a physician. I found him suffering from the pains indicated, and at the time of my visit they were so severe as to prevent his moving around. The absence of fever, and the appearance of the tongue and complexion, led me at once to suspect the presence of lead. On inquiry I ascertained that it was his custom on opening his saloon each morming to regale himself with a draught of lager from the keg, between which and the point of exit of the fluid into the glass, there ran a lead pipe. An examination of the first glass of beer drawn in the morning revealed the presence of lead. I placed the patient on the sulphate of magnesia for a few days, and afterwards on the iodide of potassium. The relief was quite marked, but recovery from the cachexia did not follow, and I advised a resort to the sulphur springs at Sandwich, opposite Detroit. The deposit of the sulphuret of lead on the patient's surface after the first few baths was very heavy, but after six baths had been taken it began to grow markedly less, and in a few weeks the relief from the pain and other symptoms, some of which reminded one very forcibly of rheumatism, was complete.

I report these cases with a view to directing attention in the direction indicated. Considering the great liability to lead-poisoning, and the similarity between its symptoms and those of rheumatism, is it not possible that errors in diagnosis, and consequent errors in treatment frequently occur?

Hypodermic Injection in Hæmorrhoids.

BY J. E. CLARK, M. D., PROF. OF MEDICAL CHEMISTRY AND PHYSICS, MICHIGAN COLLEGE OF MEDICINE.

A number of obstinate cases of hæmorrhoids recently coming into my hands far treatment and the success achieved by their hypodermic injection suggest a few words on this method of medication.

A strong prejudice has existed against this operation for some time in the profession at large, and until recently it was entirely in the hands of quacks and charlatans, who, ever on the alert for anything approaching a specific, eagerly appropriated it; and in many cases fairly achieved reputations for success in the treatment of this distressing malady, of which any reputable physician might have been proud.

The manner in which it was received may have been due to two causes: A fear of the apparent contingencies liable to result from an injection of carbolic acid into the circulation, and, the origin of this mode of treatment. Experience, and the results of many hundreds of cases collected by reputable physicians investigating the treatment, have shown how fallacious arguments are in reality, which oppose the operation on the ground of embolism, carbolic acid poisoning, etc.

The mercenary spirit evinced by Dr. Mitchell, of Clinton, Ill., the inventor of this method of treating hæmorrhoids, unquestionably had much to do with the frigid reception accorded it by the profession; relief of suffering, however, being paramount to the other considerations this did not long prevent a just appreciation of its virtues.

The operation consists in simply injecting the tumor, whether internal or external, with about twelve (12) drops of a solution of equal parts of carbolic acid and glycerine, or olive oil. Some authorities recommend carbolic acid and aqueous ergot, some the acid full strength, and others the ergot alone. I have found a solution of equal parts of the acid and glycerine answer all indications. The method of injecting, and so far as my experience goes, is not of much moment provided we inject to the base of the tumor, and avoid the sensitive zone, situated near the base. This spot avoided, but little immediate pain is perceived by the patient; after the lapse of a few hours, however, in many cases intense pain is experienced, which I am convinced bears but little relation to the mode of injection.

The termination is by absorption or suppuration, the latter, in my experience, being the more satisfactory of the two. The pain incident to the process of suppuration can be allayed by suppositories of opium or by other means suggesting themselves to the practitioner. The following cases, taken from practice, illustrate forcibly the benefits to be derived from this method:

Case 1. Mrs. A. B., æt. 35, trouble dating from period of last gestation, eighteen months since. Patient anæmic and debilitated. Examination showed both internal and interno-external hæmorrhoids, of a dark-reddish and dusky-brown tint, with sacculi much distended between them. Rectum slightly prolapsed and a secretion of mucous from the gut intolerable to the patient. Had been treated constantly since first appearance of tumors, was convinced that nothing short of an operation would relieve her. Was prepared to submit to the ligature. I suggested the hypodermic method, which was resorted to, and on August 29th I injected three tumors with a solution of equal parts carbolic acid and glycerine. She complained of no pain during the operation. A suppository of opium and belladonna was introduced, and on August 30th repeated. Considerable pain during night.

September 3d. Patient anxious for another operation. Two more tumors Injected.

September 4th. Complains of much pain during night with symptoms of strangury; relieved by a suppository.

September 20th. Patient says she feels "first rate," not entirely cured but too comfortable to undergo another operation. Discharge of mucous stopped.

Case 2. July 29th. C. D., lawyer, æt. 45, of lymphatic temperament, and anxious, careworn countenance, says he has been suffering from piles for seventeen years. Has a weakening discharge of blood once a week, average. Complains of tenesmus and strangury. Recently he had become very debilitated and unfit for the duties of his profession. In company with Prof. Devendorf, I made an examination and found a large number of tinged, mullberry-colored tumors, with numerous sacculi and considerable prolapsus ani. Injected three of the tumors with the acid and glycerine. No pain complained of during the operation. After a lapse of some two hours, however, the most intense pain supervened, which was partially relieved by hot applications and anodynes.

July 30. Pain still formidable, with an exacerbation towards evening. Anodyne treatment continued. Tenesmus and strangury.

July 31. Much better; says the piles came away during defecation. Examination showed sloughing had taken place with partial disappearance of the tumors injected.

August 1. Patient greatly relieved. Contrary to advice insisted upon an injection into some of the remaining tumors. Two more were treated with results of pain and sloughing similar to previous injection.

August 7. Patient suffered considerably from tenesmus during past week, but has lost no blood and is sanguine as to results.

August 14. Improving. No hæmorrhage since operation; tumors that were injected have disappeared. Taking Cascara Sagrada gtt. xv three times per day.

October 20. Patient called at Hospital to-day to express thanks for cure effected. Is able to walk over a mile to business without inconvenience. No hæmorrhage since first injection.

This case suffered more than the average amount of pain and sloughing, due, no doubt, to the condition of the parts; the manner of operating apparently bearing no relation to the amount of pain suffered, as care was taken to avoid these sequelæ, by adopting precautions suggested by writers upon the subject.

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

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Editorial.

Does it Pay to be Strictly Honest, Professionally?

This question must have frequently presented itself to the reader in its moral as well as its pecuniary aspect, and is, moreover, one of much practical interest. A direct answer to it must be very unequivocally in the negative, and that, too, whether it concerns the physician or the patient. The moral question growing out of the more utilitarian, is, "Is it right to do evil that good may come?"

It is a fact, than which nothing is better established, that charlatanism lives and thrives on the credulity of the masses, this credulity being closely akin to, and, indeed, the outcome of, an innate superstitious element in the human mind. It is not necessary to argue the existence of this element, nor, indeed, are its only evidences furnished by the unwarrantable faith which the laity repose in drugs, for who is there that is not familiar with well-authenticated instances of cures affected solely thro' the agency of the mind controlled by its belief in the unreasonable? Recognizing the fact that the human mind is thus constituted, naturally, is it the duty of the physician to act in view of the fact, or to constitute himself a teacher of moral philosophy? This is a question which each must answer for himself. For our part we think the aim of its practitioners should be to seek to elevate medicine to the plane of science, and to do this facts alone should be considered, it being the duty of the scientist to deal solely with facts as they are found without seeking to alter them to suit his purpose.

It being a fact, therefore, that the human mind is credulous, is it our duty to base our practice on the fact? Within proper limits we reply in the affirmative. We go beyond the proper limits when we use this credulity for other than the best interests of the patient, when we take advantage of it to subserve our own selfish ends.

A correspondent, Dr. W. W. Bowes, of Cheboygan, Mich., calls our attention to an address delivered by him in 1875, and published in the *Peninsulrr Journal of Medicine* of that year. He submits it in reply to the question heading this article, and propounded by Dr. A. G. Smythe, of Baldwyn, Miss. We quote from this address the following, which will commed itself to the throughtful:

"It occurs over and over again in the practice of every physician that individuals come to his office and go through a rhyme of little ailments, sometimes real, more often imaginary, with a faith so strong in the power of medicine to cure them that anything short of something in the form of a drug will not satisfy them; their faith in medicine is stronger than their faith in the physician's advice; and to tell them that they do not require medicine, that they will come out all right with a little attention to their diet, etc., is simply to tell them that you do not understand their case at all. This class of individuals stand in precisely the same relation to the physician's office practice as do "bed ridden" patients to his out-door visiting practice. They are a peculiar people, but not very zealous of good works.

Numbers of these individuals fall into the hands of quacks, because the physician whom they first consulted, believing that they required no medicine, thought no farther than to simply dismiss them with that fact ringing in their ears. But they left the office with the determination of seeing some other doctor who knew enough to give them some medicine. Now, it would not make any difference what the medicine was, or whether it was medicine at all, so long as it was put up and administered in the shape of a drug; but something of that kind they must and will have.

A little colored water put up in a bottle, with specific directions as to dose, etc., will stand precisely in the same relation to the influence of mind over matter, as would a more expensive drug, where in reality no medicine is required.

To the observing and practical physician, evidences are every day accumulating to demonstrate the fact that the practice of medicine does not solely consist in the administration of drugs nor success in the effects which they produce. The old adage that the best doctors are those who give the least medicine, should not be entirely overlooked, and the prescribing of placeboes is very often an excellent way of carrying out that principle.

Now there is nothing dishonorable in the prescribing of a placebo and taking money for it. A patient ought to pay for prescription and advice to not take medicine if he does not really require it, as for advice and prescription to take medicine, when he is really in need of it. It involves the same amount of scientific knowledge to determine that a patient does not require medicine as it does to determine that medicine is what he really needs. So that any expenditure of knowledge in a professional way ought to be compensated. And surely, gentlemen, the patient has the best of the bargain when he pays for advice not to take medicine, or, in other words, when he pays for a placebo.

Little medicine, with a recognized and well protected *vis medicatrix naturæ*, is worth a great deal more than if the order were reversed. But the sum and substance of the whole matter is, that if the regular profession would prescribe placeboes freely, and at the same time inspire their patients with a reasonable hope of recovery from the medicine which they are receiving, a vast number of unfor-

tunates would be saved the pain of being bled to syncope—financially as well as vitally—by that set of public leeches better known as quacks.

Perhaps we do not, as physicians, consider sufficiently the influence of mental states in the production of disease, and their importance as symptoms, or take all the advantage of them which we might in our efforts to cure disease. Quackery seems to have got hold of a truth which legitimate medicine fails to appreciate and use adequately. For assuredly, the most successful physician is he who, inspiring the greatest confidence in his remedies, strengthens and exalts the imagination of his patient; if he order a few drops of peppermint water, with the confident air of recovery, will he not frequently do really more for his patient than one who treats him in the most scientific manner, but without inspiring a conviction of recovery?

I am inclined to believe that the main success of charlatanism lies in simple remedies, administered with an air inspiring confidence; for in what else lies their success when the majority of them do not understand even the rudiments of either medicine or disease.

Battey's Operation.

We predicted some months ago as one of the abuses to which this procedure would soon be subjected, that it would be attempted by inexperienced surgeons and that the cases in which it would be regarded as indicated would be remarkably numerous. This prediction has been partially verified in a recent case in this city. A maiden lady had epileptiform seizures for which she was being treated by a physician who not giving satisfaction was exchanged for one who made female complaints a "specialty." An operation for spaying was advised and agreed to, and the result was a fatal one in a few days. This case by no means argues the illegitimacy of Battey's operation, but it should admonish to the greatest care in the selection of cases. In this connection the remarks of Dr. Battey, the originator of the procedure, on the proper field for the operation, will be read with interest:

He after a few preliminary remarks, said: "I took the position from the start that this never would be an operation of election. It is not a question whether you shall submit a female to the extirpation of the ovaries or undertake some other operation. A question of election between this and any other resource of gynæcology can never arise. Nothing would induce me to extirpate a woman's ovaries and hasten the change of life except the most solemn case of duty. I think no physician ought to sit down calmly and select this expedient in place of any other. The case should be narrowed to this or none at all. I stand upon that ground exactly where I stood in 1872. My habit is to ask myself three questions: Is it a mortal case? Is it otherwise incurable? Is it curable by a change of life? I notice first a sickly class of cases in which there is absence of the uterus, irregular ovulation, and nervous disturbance. There is no means of supplying a uterus, hence extirpation of the ovaries is the only thing that can relieve the patient. A second class is those having an oecluded metro-vaginal canal. A third is constituted by those having insanity of decidedly ovarian origin. A fourth, a very numerous class, one in which the operation is most liable to abuse, namely, those having ovarian epilepsy; here the exact ovarian origin of the disease should be determined on before performing the operation. Another class is made up of those having pernicious amenorrhœa untreatable by another method.

Still another is made up of those having interstitial fibroid tumors not otherwise reliable.

Lastly, the operation (an original suggestion of mine) might by used in cases of contracted pelvis where the Cæsarean operation has once been performed."

Dr. G. M. B. Maughs, retiring president of the Missouri State Medical Society refers to the abuse of Battey's operation in the following very apt manner:

"But, while the uterus has run the gauntlet, and is now permitted to rest from the importunities of the bilateralist, let no one suppose the gynæcologist less active in his philanthropic endeavors; he has only changed his point of attack from the uterus to the ovaries. Heretofore the modest, retiring ovaries, hidden away in the remotest recesses of the female economy, have been venerated as Isis behind an impenetrable veil, being supposed in some way to be concerned in lending to lovely woman the charm of her womanhood, and to possess some importance in perpetuating the species; they are now, however, found to answer a more useful purpose, as they furnish the gynæcologist with a wide field for experimentation. And that gynæcologist who has not killed half a dozen women in demonstrating the ease with which these pestiferous organs can be removed—and the blessings resulting form such removal—is supposed to have been apathetic, if not absolutely wanting in amenities towards the gentler sex, as well as utterly indifferent to the progress of science, is certainly no authority. What does he know about women? How many has he killed?

In the ancient city of Cairo, in Egypt, on account of race, climate, and habitat, the nymphæ of many women are unduly developed, hypertrophied, requiring or justifying an operation for their removal, consequently the voice of the female circumcisor, as the voice of the vendor of oranges, may be heard crying through the streets: "What woman wants to be cut?" There is a prospect, if this warfare and rivalry against the ovaries continues, that soon a like cry may be heard through the streets of St. Louis and New York: "What woman wants to be spayed?" Normal ovariotomy, Battey's operation, is what we call it, is a placebo for many of the ills of womankind; it is true, it often kills the woman, but this is of little consequence; it is the disease we are after, and this it cures radically; moreover, if it does

kill the woman, this is not supposed to be the fault of the operation or of the operator, but must be attributed to a female weakness, and, like Sangrado's practice of bloodletting and warm water, should not be given up merely because patients are so obstinate as to die rather than to confirm the wisdom of the theory. Now, without entirely ostracising this operation—for there are extreme cases where it gives the only promise of preserving life, as in the case reported by Dr. Richmond, of St. Joseph, where from an incurable *atresia vaginæ*, there was no possibility of giving exit to the menstrual blood, and in other conditions where life is alike endangered, or in rare and unfortunate incurable cases where the mind is secondarily affected, it affords a last hope, and should be resorted to—we venture the prediction that in ten years it will be as rare to find a gynæcologist, who is willing to perform normal ovariotomy merely for convenience or notoriety, as it is now to find one who is not thirsty to do so for either or both of these reasons.

All of these abuses are the natural result of our improved knowledge and the reaction against the dependence upon constitutional treatment for the cure of local disease; the result is most natural, the good is great, and the evil—well, the future will demonstrate and correct it."

Break Bone Fever.

A mild epidemic of this disease has prevailed in Charleston, S. C., during the past summer, and Dr. F. Peyre Porcher furnishes a report of it to the National Board of Health Bulletin. Although extensive paving had been done in the city, the fact that the disease occurred in sections of the country where such a supposable cause was out of the question leads Dr. Porcher to refer the cause to "general and wide prevaling atmospheric influences."

The symptoms vary exceedingly—some being present and some absent—as follow: The disease generally begins with a feeling of coldness, or by a chill, followed by fever—this, with a temperature ranging from 100° to 105°, lasts generally from twenty-four to forty-eight hours, occasionally extending to four or five days, and even in rare cases to seven. Relapses occasional, specially in those who have gone out too early. Headache frequent, generally frontal, from the beginning. Miliary eruptions, sometimes elevated and red, like measles, and the occasional presence of sudamina over the face, neck, and body; sometimes the eruptions were confined to the body, and endured for days after recovery. In some cases there was slight desquamation—furfurations or branny in character. Sweating profuse in many persons, though *often absent*. Hence some physicians are inclined to consider the disease to be *suetle miliare* of a mild form. "Break-bone" is the best name, because pain in the bones and limbs is the most constant symptom. There is often great restlessness during the fever, and in some a feeling of tightness or congestion about the throat, with bleeding in a few cases known to us. Catarrhal symptoms are rarely present, although cough has occasionally existed. Bleeding from the nose not unusual in children, and also increase in the menstrual molimen has been observed. Pain in the back and limbs markedly present, but no decided swelling of joints, no carbuncular enlargements or boils, as in the epidemic of Dengue, of forty years since, or in that of "break-bone," which followed some years subsequently. Weakness and prostration have been very decided, but not nearly to such an extent as in previous epidemics. Some of the physicians consider that there has been a tendency to hepatic torpor or congestion, of no great severity, however. There have been no cases of decided jaundice. Nausea and vomiting seldom occur.

The disease does not affect all the members of the household, oftentimes only one or two being seized, though six have been taken in one house; in this respect differing from the dengue, as described by Prof. Dickson, and from the epidemic of thirty years since. Then 10,000 were down; no one was well enough or strong enough to help his neighbor, and one had to learn to walk over again.

It is difficult to calculate the number who have suffered, as very many have not employed a physician; from 2,000 to 3,000, perhaps, approximates the number.

Very little active treatment has been used; the following being that usually adopted: A mild laxative, saline or mercurial, hot teas, nitre, pediluvia, sinapisms, etc., and quinine during and after the attack, upon theoretical grounds, with occasionally mild stimulants. Several persons have recovered with no treatment whatever.

It has prevailed among both races, perhaps equally, and *not a single death is ascribed to this disease* as far reported. The only disadvantage which accrues to those who take it is the time lost and the temporary pain and weakness from which they suffer.

The Proposed Medical Bill.

We are in recept of a number of communications bearing on the outline of a medical bill which we submitted to the profession of this State in our last issue. The comments are very generally favorable to the plan therein set forth, and, indeed there has been no sufficient unanimity of objections to any one point to demand the changes which we propose to make in deference to the sentiment of the profession. The chief fault found with the proposed bill is in connection with the clause providing for the registration of all practitioners of over ten years' standing. It is argued that the most dangerous and unscrupulous quacks are the old ones, and that they should be rooted out. There is doubtless much truth in this, and the man who is deliberately given to devious ways does not improve with age. Still it becomes us not to close our eyes to the fact that there are many physicians not graduates who have attended at least one course of lectures and have thus laid a certain foundation, upon which by habits of study and observation they have built a respect-

able superstructure of medical acquirement. It would in all probability be regarded, by the legislature at least, as a hardship to discriminate unduly against this class of practitioners. The bill which we have outlined draws the line at, we think, about the right place in the case of such.

The plan of divorcing the teaching from the examining and licensing body seems to be, as far as heard from, generally acceptable. This must be the grand essential in whatever plan is adopted for the elevation of the standard. It would be too much to ask from a legislature of laymen such a bill as would most promptly remedy the evils to which both the public and the profession are subjected under our present lack of all regulation, but we think that this feature can be so presented to our representatives in the legislature as to secure its adoption.

We are pleased to report that in conversations held with members of the legislature elected from this city on the 2nd inst., we are strengthened in our belief that something respectable will be done this winter in the matter of medical legislation. Let each of the thirteen hundred subscribers of the NEWS in the State speak to his representative at Lansing and success will be assured.

Miscellany.

THE THREATENED PSYCHOLOGICAL INTERREGNUM.—In a former communication to this Journal under the caption "Cui Bono," your correspondent having premised certain postulates, and assumed the prerogative of asking some pertinent questions of the profession which they may consider impertinent because viewed from a laic standpoint, deems it wise to continue the investigation, and if possible shed some light on the subject as it is now popularly regarded. It will not be within the scope of a brief article to offer suggestions looking towards any particular line of treatment, and our object will have been accomplished when the condition of affairs foreshadowing this eruption and the consequent dismemberment of the science of sociology has been briefly outlined.

The most important factor entering into the solution of this question seems to be wholly under the control of the medical fraternity, and demands an answer from the individual, in which he is to carefully weigh ethics and polity,—what is right, and what is expedient? In the present generation however these all-important interrogatories have been much simplified and resolve themselves into the rational inquiry, what is human happiness? As an apt illustration of the early recognition of this principle we may quote the first aphorism of Hippocrates; "Life is short and the art is long: the occasion fleeting: the experience fallacious, and the judgment difficult. The physician must not only be prepared to do what is right himself, but also to make the patient, the attendants and externals cooperate." But to pursue the discussion of Egoism and Altruism would lead us into the realms of metaphysics and far from the subject matter, and we must therefore reluctantly withdraw from the confines of that promising field and proceed to the subject in hand—Insanity.

In a paper read before the New England Psychological Society, March 1878, by H. P. Stearns on "The relations of Insanity to modern civilization," he considers them in the relation of *cause* and *effect*, and asks does the passage from a state of savage life to one of regularity and industry, from a state of ignorance to that of learning and refinement, from the conditions of uncertain and limited supply to one of fairly certain and abundant supply, have so unfavorable an effect on the nervous system as to develope this disease and cause its increase?" In substance then, does education produce insanity? In reply we may say that while it appears to bear a somewhat uncertain and indefinite relation to it, yet this is like many other popular beliefs and superstitions, which while they contain a grain of truth of ten containing a pound of error. It may be added by way of parenthesis that the miasma of this superstitious infection from time to time makes inroads in the ranks of the profession and sad to say finds a limited number of willing victims—"monohippic" practitioners,—who have not only adopted the motto but nailed the banner to the mast.

In the light of modern science, in the midst of a civilization in which the people have caught the progressive spirit of the nineteenth century, the charge is not only unjust but cruel as it is false and as we have indicated, the cause, so far as it is related to education must be sought for in a different direction. Certain it is that considering the incalculable advantages of education and civilization one would naturally incline to agnosticism and emphatically refuse to subscribe to any such paradoxical hypothesis. To illustrate the position more forcibly: a physician after a careful examination writes a prescription and the patient says 'Doctor, what ails me?' The reply is, "you are bilious," which ordinarily implies that the patient has too much bile, while the fact is that the contrary is the condition of affairs and the medicine prescribed is intended to produce bile. Just as animals subjected to a certain regimen for a time, experience a loathing for the food, refuse to touch it, and finally die of inanition, so in this instance while the food bears a certain relation, it is by no means the cause of death but rather the want of food. Thus in considering the relation which education bears to insanity we may logically infer, from a course of inductive reasoning, that not education but rather the want of it is the cause. It is only by deduction and that of the most superficial character that any contrary conclusion is reached.

It cannot be denied, however, that with the advance of civilization many complications arise, which from the very nature of things make the investigation of this perplexing, and the discussions growing out of it interminable. This being the case it is deemed advisable to defer until another time a synthetical arrangement of the circumstances bear-

ing on this malady, and if possible present the matter in such form that the readers of this Journal shall have no cause to sound a note of warning and charge "scientific foolishness."

The object of this discussion will be the more certainly secured by a strict adherence to facts, and a deep line of demarcation will be drawn between them and mere conjecture. The lines which mark the development of Medicine as a Science are already visible, and to make the superstructure as substantial as the base, it must be composed of closely observed and well authenticated facts. The field of practical medicine should no longer be the tilting-yard for fancies against opinions, for hypotheses against guesses, for the dogma *Contraria contraris curantur* against the no less objectionable dogma *Similia similibus curantur*, but instead a storehouse of truthful observation. "Science and virtue alike begin and prosper by the same means—by sincerity and by effort." J. A., JR.

The New York Medical Law.—Dr. F. L. Bardeen, of Rochester ,N. Y., contributes the following on the medical law of his State: I see by the News that some effort is being made in Michigan looking towards legislative action regulating the practice of medicine and surgery in that State. Barnum's theory that the people prefer a humbug to the genuine article holds good in our profession as well as elsewhere. I need not cite examples, for your communities are filled with them. What you are attempting to do, leads me to tell you what New York State has done up to date. Below I append the essential features of a new law, which, if in its enforcement results in any good, may act as a spur or guide to some of your legislators.

Sections two and three especially interest those already here, and section four those who may come in the future.

Chapter 513 of the general statutes of New York reads: "An Act entitled an Act to regulate the licensing of physicians and surgeons," passed May 29, 1880.

§ I. A person shall not practice physic or surgery within the State, unless he is twenty-one years of age, and either has been heretofore authorized to do so, pursuant to the laws in force at the time of his authorization, or is hereafter authorized to do so as prescribed by Chapter 746 of the laws of 1872, or by subsequent sections of this act.

§ II. Every person now lawfully engaged in the practice of physic and surgery within the State shall, on or before October 1, 1880, register in the county clerk's office of the county where he is practicing, his name, residence and place of birth, together with his authority for so practicing physic and surgery. He shall subscribe and verify under oath before an officer qualified to administer oaths, an affidavit containing such facts, and whether such authority is by a diploma or license, date of same and by whom granted.

§ III. A person who violates either of the two preceding sections of this act, or who shall practice under cover of a diploma illegally obtained shall be guilty of a misdemeanor, and on conviction shall be punished by a fine of not less than $50, nor more than $200, for the first offense; and for each subsequent offence not more than $500, or by imprisonment for not less than thirty days, nor more than ninety days, or both. (One half of the fine goes to the complainant and one half to the co-treasury.)

§ IV. A person from out coming into the State can practice as follows: If he has a diploma conferring upon him the degree of M. D., issued by an incorporated university, medical college or medical school without the State he shall exhibit the same to the faculty of some incorporated medical school or college of this State with satisfactory evidence of good moral character, and such other evidence, if any, of his qualifications as a physician or surgeon as said faculty may require.

If his diploma and qualifications are approved by them, then they shall endorse said diploma, which shall make it for the purpose required the same as if issued by them.* (This endorsement costs $20, and after complying with section second he can practice.)

Medical officers of the U. S. Army, Navy, or Marine Hospitals are exempt from the above act.

At the expiration of the time allowed for registering (October 1.) 187 names were on the book, of these 132 reside in Rochester, and of these latter a dozen or more are women. It is the intention of the Monroe County Medical Society to take such steps as are necessary to put this law into force, and to that end a committee of five has been appointed to seek evidence as to those qualified to practice, and whether they *are* practicing or not. Already some "shingles" have been taken in, among others one of immense size, twenty feet square, a banner in fact, which is suspended across the street after the manner of political banners, and on which is emblazoned "Dr. Hotchkiss' specific for all inflammatoins—a new discovery," etc., etc. He has not exactly taken it in, but he has changed the wording so that instead of "Doctor," it now reads "plain Mr. Hotchkiss," etc., etc. (Does he mean this as sarcasm on the profession ?).

I think there are a few reputable physicians not registered yet, but not enough to counterbalance those who will have to leave off.

I mention as somewhat curious the authority for practicing of two or three on the list:

E. F. B.—"Authority based on letters patent, registered in U. S. Patent Office."

J. S.—"Is recommended as a member of the Ontario County Medical Society."

S. W. D.—"License from the Governor General of Canada (?)".

There are some, which I suspect, from colleges that are only in "your mind's eye, Horatio."

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* Degrees conferred by any incorporated University or Medical College of this State empowers one to practice after complying with section two.

The city Health Officer refuses to endorse any physicians certificate of death whose name is not registered, and if not so endorsed the body cannot be buried in any of the cemeteries. Now if "an unqualified" lets his patient die what are the friends or the "doctor" going to do with the body?

If this law succeeds in permitting only those properly and legally qualified to practice medicine, this city will still have about 130 physicians, which will give one to every 700 inhabitants.

"The Parents have Eaten Sour Grapes.—And the children's teeth are set on edge." A very quaint expression of a law of nature, and one that people would do well to heed. It is also a very good study for the physician, and a recognition of it as a physiological law will be of great advantage in the practice of medicine. We have just been studying a fair example of it in phthisis—"the parents have violated nature's laws, and the children die of consumption." It is quite as true of scrofula, of syphilis, of cancer, of dyspepsia, of epilepsy, of diseases of the urinary and reproductive organs, and of diseases of the nervous system. The feeble father if likely to beget feeble children, the feeble mother bears feeble children, and the feebleness is of the same character as that of the parents. Of course there are exceptions, or seeming exceptions, to the law. Children are born of feeble parents, and grow into stout men and women. But in such cases the conditions of life have been good, and as they have rebuilt the body from four months to four months, it has been built better and stronger, until it is at last able to resist and throw off causes of disease.

There are some persons so feeble that they should not beget or bear children, it is a crime. The consumptive should live a life of single blessedness, and the syphilitic a life of single cussedness. If a person coming of stock that have eaten sour grapes must marry rather than burn, let them take some specimen that is blest with exuberant health, and of sound stock—nature may be forgiving in such cases.

But we are especially interested in "the children whose teeth are set on edge," for we are called to attend them in sickness and to give advice to keep them in health. We understand that right living with the conditions of healthy life, will grow a strong body from a quite feeble beginning, and will free it from inherited ailments. Our bodies are being continually rebuilded, and they may be built better and better each successive renewal, as they may be built worse and worse.

Light, air, exercise, food, is the quarternary that needs be looked after with care, for without them it is impossible to grow a good body. We prefix the word *good*—we want good light, good air, right exercise, good food. We see that the child has it, and that it is kept free from causes of disease, and occasionally, with appropriate remedies, we re-establish impaired function or add that which may aid the process of nutrition.

This knowledge of "sour grapes" and "teeth on edge," will cause us to look out for such unpleasant diseases as phthisis, and "nip the coming trouble in the bud." Whilst "an ounce of prevention is worth a pound of cure," the pound of cure does the best service in the early stage of disease.

If our theologian, our moralist, our reformer, our law maker, would chew the old maxim "the parents have eaten sour grapes and the children's teeth are set on edge," they would work to better advantage. The father has eaten sour grapes, but has repented before death, and is singing hallelujahs with the angels, but the children, poor souls, have had their teeth set on edge for this life, and in consequence will toast world without end. (?)—*Electic Medical Journal.*

The Proposed Medical Bill.—Dr. M. R. Morden, of Adrian, Mich., writes: "I wish to state that I am in unison with the provisions of the bill, as outlined by you, and I regard your remarks on the subject as both timely and discreet, and further I am willing to exert myself, as best I can, to secure its passage.

I have had ample opportunities to observe the workings of the "Ontario Medical Act." It has objectionable features, but they are thrown in the shade by its good points. Still it seems to me that the outlines of the bill you publish indicate improvement over the Ontario Act. In fact it is the Ontario Medical Act simplified, and divested of several objectional features which I will not stop to note. And now, if we can only keep down "school" prejudice,—stop clamoring for protection, and come out on a fair and square platform—broad enough to prove to our legislature, that the profession ask for no "class legislation," *for* themselves, or *among* themselves, but that what they ask for is just that *kind* and *amount* of the legislation, that will best secure to the people of our commonwealth the benefits of a well qualified medical profession, and lessen as much as may be possible, the evils of quackery—then and not till then may we hope (or will we deserve) to succeed in getting a suitable bill passed.

Just so long as we continue our pouting about "schools" and "pathies" and clamor for "protection for the profession," just so long we can expect to remain in *statu quo*, and see our sister States and even Canada, make up for us their annual consignments of charlatans, mountebanks, abortionists, and vile pretenders of every stripe and shade, medically (?)

One word more on "protection." I fully endorse all that Henry Clay ever said or wrote on protection as a political measure. I also claim to take a deep interest in maintaining the dignity and advancing the welfare of the medical profession, but I must confess myself entirely ignorant of any claim that a physician has to protection, that does not hold equally good to the girl who cooks his breakfast, or the boy that takes care of his horse.

For one, I am not very much inclined to criticise our legislators for failing to see though the doctor's glasses, through they have no excuse for neglecting the welfare of the people as they have done. I

trust that we will go about this matter in an earnest, but proper manner. And if we do, "we are going to win."

ARE SUICIDES LUNATICS?—Some authorities are of opinion that all suicides are lunatics; and it appears that a judge in a New York court has, according to the Journal of Mental Science, recently ruled, in an action upon a life-insurance policy, that suicide *per se* was evidence of insanity. On the other hand Hale, by whom it is alleged the comparatively modern word suicide was first used, says (Pleas of the Crown, vol. i, chap. 31) that "*felo de se*, or suicide, is where a man of age and discretion, and *compos mentis*, voluntarily kills himself." Blackstone uses it in the same sense—self-murder. (4 Comm.) (*British Med. Journal.*) So far it is clear that in the sense in which Hale and Blackstone use the word suicide, no lunatic can commit suicide. Many persons, however, who are well qualified to form an opinion, and among them some mental physicians or "mad-doctors," whose professional habits incline them to the ready detection of latent insanity, are of opinion that among English people suicide is in the large proportion of cases, if not in the majority, committed by sane people. In America the same opinion prevails; and the Hon. Mr. Palmer, in a address to the Medico-Legal Society of New York, declares the opinion that a comparatively small number of suicides in the United States are due to insanity. The reflection that by persistently remaining alive a large capital sum, which would become available when the policy was closed, remains in the hands of alien proprietors, appears to be peculiarly aggravating to the mind of many a Yankee speculator; and instances of extremely artful self-murder by persons insured for various heavy piles of dollars are given by Mr. Palmer, which explain the disbelief in insane suicide prevalent among American insurance companies. The most "barefaced swindle" in the way of self-des ruction will, however, it appears, rarely convince an American jury that t e gambler has voluntarily crushed his life beneath the die; and juries will often assign the spoils to the surviving family even when the companies are convinced that the man's death was "a grave abuse," for which his heirs ought to suffer.—*Louisville Med. News.*

NORTH CAROLINA MEDICAL ACT.—Dr. Thos. C. Wood, of Wilmington. N. C., and editor of the *N. C. Medical Jouraal*, writes thus encouragingly of the working on the medical law of that State:

"I read your editorial on the subject of a State license law with interest, and ask your attention to the October number (1880) of the *North Carolina Medical Journal* for some views on the same subject. Our law has succeeded well. It is active and operative because we get the moral influence of the entire profession, and this latter stands in lieu of a stringent penalty clause.

A propos your remark on the qualification which a diploma signifies, I will say that among the applicants for license in 1879–80, the two years in which I have served on the Board of Examiners, some of the best examinations were of men who had only attended one course. One applicant, particularly, answered, without hesitation, questions in the new nomenclatnre, and was perfectly familiar with the metric innovation, even to the off-hand transposition of the centigrade scale.

At the last session of our Board in Wilmington, one of the elder members of the State Medical Society took me to task for the high requirement that he heard was prevailing by the Board. He remarked that he believed that a man's diploma was a sufficient guarantee that he was an educated physician. But, I remarked, I have just had an applicant, who has a diploma, respond in answer to the question, 'From what plant is opium obtained?' 'It comes from the bark of the poppy plant.'

What would you do with a candidate of this sort? 'O, of course reject him.'

Excuse this hurried and rather disconnected note, but I was so much interested in your movement that I took the liberty."

A CELEBRATED CHEMIST.—Last Sunday was the anniversary of the death of Henry Cavendish, one of the most famous chemists Europe has ever produced. Upon his scientific discoveries it is needless to dwell; but the *Observer* mentions a strange story about his death which is not generally known. He was a man of singularly shy and retiring habits. He would attend the meetings of the Royal Society; but on one occasion, being addressed by a stranger, he immediately ordered his carriage and drove home. His banker once called upon him at his private house, and, being refused admission, stated that he came on business of the utmost importance. Admitted, he told Cavendish that there were £80,000 lying idle to his credit, and that the money had better be invested. Cavendish, in a vague and absent manner, answered the senior partner of the largest banking house in London to this effect—"That is your business, sir, and not mine. Please invest the money, and do not trouble me again." This strange reticence marked his dying hours. Lying in bed, he rang his bell, and said to the valet who answered the summons, "I feel very ill, and am going to die. Come again in half an hour. "The servant, with pardonable anxiety, returned before the time appointed. Cavendish who was still alive and sensible, observed with some severity, "You have disturbed my last moments. You will please return at the time I ordered." The man returned and found Cavendish dead. There is something Napoleonic in such a frame of mind and it shows us the stuff of which men of science are made. Fortunately for the world at large, we are not all men of science.—(*British Med. Jour.* Oct. 16.)

CAPTAIN EAD'S SHIP RAILWAY.—The *Scientific American* of this week contains two full page illustrations of Captain Eads' proposed railway for transporting ships with their cargo across continents.

Captain Eads claims by his plan to be able to take loaded ships of the largest tonnage from one ocean to the other across the Isthmus of Panama, as readily as can be done by a canal after the Lessep plan, and at a much less cost for engineering construction.

The project is certainly bold and ingenious, and the projector anticipates no serious difficulties in carrying forward his enterprise. The engravings referred to in the *Scientific American*, show the proposed construction of not only the railroad, but the appliances for transferring the ships from the water to the rail.

In addition to the large number of engravings, illustrative of engineering works, inventions and new discoveries which appear weekly, the *Scientific American* has, during the past year, devoted considerable space to illustrating and describing leading establishments devoted to different manufacturing industries.

The *Scientific American* has been published for more than thirty-four years by Munn & Co., 37 Park Row, N. Y., and has attained a larger weekly circulation than all similar papers published in the country. The publishers assure the public that they have not printed less than 50,000 copies a week for several months.

Hot Ice.—The fact that the boiling point of a liquid is dependent on the pressure to which it is subjected has long been a fundamental one in chemical physics. Within a few years it has been discovered that in order to convert a gas into a liquid the temperature must be below a certain point called the "critical temperature." If the temperature is above this point no amount of pressure, however great, can liquify a gas. The gas indeed may be compressed until it occupies no greater space than it would as a liquid, but nevertheless it is still as gas. As a remarkable counterpart to the above, Mr. Thomas Carnelley (Chem. News) announces the law that "in order to convert a solid into a liquid, tht pressure must be above a certain point. which is the 'critical pressure,' otherwise no amount of heat will melt the substance." Acting on this theory Carnelley has obtained ice at a temperature so high that when touched it burned one like a hot iron. In like manner he has maintained ice indefinitely at a temperature far above 100° C. without its having shown any signs of fusion. In this condition the ice slowly passes into a vapor without taking on the intermediate liquid state. These results are obtained by working in a partial vacuum in which the pressure is not allowed to rise above four and six-tenths millimetres, which represents the tension of aqueous vapor at 0° Centigrade.—*Chicago Medical Review.*

Leisure and Recuperation.—A Dr. Chevers in an address published in a recent number of the *Medical Times and Gazette*, makes the following sound remark on the subject of rest:

"Cease to work on Sunday's," was Johnson's dying adjuration to Joshua Reynolds. Medical men are, of course, unable to command any given moment of their time; still, all those who wish it can generally make Sunday a day of rest. It is clearly indispensable that the medical man shall be an early riser, and, when in large practice, he is rarely allowed to waste time in sleep; but, whenever he can get it, his sleep should be quite *ab libitum*. I could never understand a judge who boasted that he restricted himself to five hours' sleep; but it appeared to me that the singular irritability and want of dignity and equanimity which he displayed on the bench were largely attributable to this cause. The greatest and most laborious ruler of India in modern times, Lord Dalhousie, considered that hard study or intense mental labor of any kind cannot be habitually maintained longer than six hours. When more is attempted the result is muddled. Of one practical fact there can be no doubt; he who works and thinks hard all day cannot afford, systematically or frequently, to spend half the night in any frivilous amusement or intense study. Many elderly men loose their reserve force and break down in vainly attempting these modes of life.

An Early Sign of Pregnancy.—A correspondent writes: I was very much interested in your criti cism of Dr. Carstens' discovery (?) of the positive sign of pregnancy. The sign has, of course, been long recognized by obstetricians, and gynæcologists, and Dr. Carstens' blunder is all the more unpardonable from the fact that the sign was regularly referred to in his lectures and frequently at his cliniques by Prof. E. W. Jenks, who occupied the chair of Obstetrics and Gynæcology in the Detroit Medical College, at which institution Dr. C. studied medicine and from which he graduated. I am perfectly cognizant of the fact that this sign was repeatedly referred to during the years in which Dr. C. was a student in the Detroit school.

Allow me in this connection to mention another sign, described by Mr. Barnes, as a means of diagnosis at the beginning of pregnancy. It is a particular relaxation of the connective tissue joining the neck of the uterus to the base of the bladder, giving on pressure a soft and elastic sensation at the superior and anterior wall of the vagina; conjointly with the violet color described by M. Jacquemain, this sign renders pregnancy very probable.

Infirmary Reports.—Dr. Charles B. Kelsey, of the Infirmary for Diseases of the Rectum, 48 East Thirtieth St., New York writes: "In the number of your valnable journal for October 25th, I observe a few remarks on the Infirmary for Diseases of the rectum with which I am connected, or rather, on the annual report of that Infirmary.

Allow me to say that the point your critic takes is exceedingly well taken, and that I agree with him perfectly in his judgment of the utter worthlessness of such reports as far as conveying any scientific information to the profession. It should not be for-

gotten, however, in writing such a criticism, that the report of a charitable institution is not primarily a scientific paper, but is intended for the information of many who are more interested in seeing what has been done with the money they have contributed, than in "the most satisfactory method of treating hæmorrhoids."

All in good time, however! We should be glad to furnish to the medical profession a full scientific report of the results and methods of treatment did circumstances permit, and in time shall no doubt do so. Meanwhile the work of the institution is open to the profession, and as facts of value are brought out they will be made known either by means of reports or in some other way—perhaps through the columns of your journal."

THE SPECIFIC AGENT OF TYPHOID FEVER.—Professor Klebs of Prague believes that he has discovered the micro-organism which constitutes the specific agent of typhoid fever, and developes his views in a paper entitled "Der Ileotyphus eine Schistomy cose," published in the *Archiv für Experimentale Pathologie*, t. xii, p. 231, 1880. Professor Klebs has for a long time, assisted by his pupils, been making researches in this direction. He writes that he has been able to find, at the necropsy of twenty-four persons carried off by dothitenteritis, microbes in various organs: in the intestinal mucous membrane, in the thickness of the cartilages of the larynx, in the pia mater, in the foci of lobular pneumonia, in the mesenteric ganglia, in the parenchymata of the liver, and generally diffused in the organs which showed the most decided lesions. These micro-organisms showed themselves in the form of rods, about eighty micrometers in length and 0.5 to 0.6 micrometers in thickness. They have been constantly observed in the bodies of dothinenteric patients since the attention of Professor Klebs was drawn to the subject, and they are always absent from the organs, and specially the intestines, of subjects who have died from any other disease than typhoid.

Two thousand two hundred and fifty practitioners have registered in New York city under the new medical act of that state.

"Weak as a baby, and a mere lay figure for the exhibition of chicken-broth, jelly, smelling-salts, strong drinks, misplaced sympathy, arrow-root, and slippers," is the condition in which a late patient felt himself after an acute attack.

One of Jean Baudry's aphorisms runs thus: The gratitude of the patient to his physician! I know that. It is part of the disease. It is declared during fever, cools down in convalescence, and is cured when health returns.

Rousseau is represented by Dumas as saying of medicine: "It is a noble profession. In it you may choose between real science, ever modest and self sacrificing, and quackery, ever noisy and empty. If you would become a physician, young man, study; if a quack, nothing but impudence and effrontery are necessary."

The last sweet thing in words—"dyskinesia"—coined by the gynecologists, shows a sad falling of. It is not sufficiently panphonious. It lacks the tinkling mellifluousness of "kolpokleisis" and its twin brother, "kolpoecpetasis." We implore the soaring spirits who gave to the world a "hystero trachelorraphy" and a "laparoelytrotomy" not to falter in their good work. Our nomenclature is not yet simplified enough, nor is the Greek dictionary quite exhausted.—*Western Lancet.*

Hahnemann, the founder of the homœopathic school, was one day consulted by a wealthy English lord. The doctor listened patiently to the patient. He took a small phial, opened it, and held it under his lordship's nose. "Smell! Well, you are cured." The lord asked, in surprise, "How much do I owe?" "A thousand francs," was the reply. The lord immediately pulled out a bank note and held it under the doctor's nose. "Smell! Well, you are paid."

Referring to our remarks on the authorship of that Ricord-iodide-of-potassium story which has been so extensively going the rounds, the *Louisville Medical News* is pleased to say: "We are glad our namesake gives us credit for our *old* stories. It is not over-conscientious about our new ones. How well it tells an anecdote, by the way!"

Our NEWS is always appreciative, never ungrateful, and is under many obligations to is sprightly Louisville contemporary, who must, however, not get miffed when we make the very proper distinction between new and second-hand.

The Specialist and Intelligencer is the name of a new journal hailing from Philadelphia. The first No. has been received. It bears the name of Charles W. Dulles, M. D., as editor and Presley Blakiston, as publisher. It is a monthly and comes at $1.50 a year. Diseases of the eye, ear, throat and genitals constitute the field it will especially cultivate, and if the editor, whom we do not know, does his part as well as the publisher, whom we do know, will do his, the journal will not have been "born to blush unseen," by a large majority.

Dr. Paul F. Munde, editor of the *American Journal of Obstetrics*, says: "In all maternity hospitals in Germany, as in private practice among the laboring classes, the period of nine months after any large country fair, or secular or clerical holiday is invariably marked by an unusual number of confinements. I had abundant opportunity of making this observation during my service in the Maternité at Wurzburg."

A Western paper adds to this the intimation that the picnic crop is quite abundant in this country, while Exposition babies come in such numbers and with such a rush as to give the doctors and midwives of Porkopolis a regular land-office business.

Why these things are thus, none of the observers have as yet stated.

Messrs. Henry C. Lea's Son & Co. are out with the following card, which commends itself to the consideration of a profession already greatly indebted to the enterprise of this sterling house:

"The large number of inquiries received from the profession for a finer class of bindings than is usually placed on medical books has induced us to place certain of our standard publications in half Russia, and that the growing taste may be encouraged, the prices have been fixed at so small an advance over the cost of sheep, as to place it within the means of all to possess a library that shall have attractions as well for the eye as for the mind of the reading practitioner. That safety in carriage may be insured, each volume wrapped in soft paper, is enclosed in its individual box."

The *Southern Clinic* responsible for this one: "Some time since a young lady of Richmond, Va., by some strange fatality stumbled upon the word *gonorrhœa*. She innocently asked the family physician its meaning. He told her that it was the technical name for headache! Being visited by a medical student regularly, who seemed very much pleased with her, she, doubtless to show her aptitude at medical technicalities (when at his next meeting he asked after her health), informed him that she had had a 'slight gonorrhœa for the last four or five days!' He never came again, and she wonders why?"

The most voluminous medical writer of the present day hails from Pulaski, Tennessee, and J. H. Egan is his name. Unheralded this latest phenomenon burst blazing into view to dazzle the readers of the twenty-three medical journals of which he is said to be the regular correspondent. His subjects are pricipally the newer pharmaceutical compounds, and his articles have a suspicious resemblance to the literature which usually accompanies these articles. It is said he has a very complete stock of these compounds on hand, and he no doubt finds this new enterprise profitable. The avenues to fortune are not yet overcrowded; this new one has but one traveller —Dr. J. H. Egan, Pulaski, Tenn.

Book Notices.

A Practical Treatise on Fractures and Dislocations.—By Frank Hastings Hamilton, A. M., M. D., LL. D., Surgeon to Bellevue Hospital, New York; Consulting Surgeon to Hospital for Ruptured and Crippled, to St. Elizabeth Hospital, etc.; author of a "Treatise on Military Surgery and Hygiene," a "Treatise on the Principles and Practice of Surgery," etc. Sixth American edition, revised and improved. Illustrated with 352 wood cuts.
Philadelphia: Henry C. Lea's Son & Co. Detroit: John Willyoung.

The profession of this country scarcely need an introduction to Hamilton on Fractures and Dislocations. For twenty years it has been the only complete work on its subject in the English tongue, and, indeed, may now be said to be the only work of its kind in any tongue, Malgaigne's treatise being now out or print, and not having been revised or republished in twenty years. It seems strange, at first thought, that in these days of unprecedented activity among book-makers, no rival to Hamilton has entered the field. The fact cannot be attribnted to any lack of demand for a work of this nature, for that before us is now out in its sixth edition. Can it be that the completeness of Hamilton has discouraged all competition? Certainly an examination of the volume before us is sufficient to do this. It would require an exceedingly critical examination to detect in it any particulars in which it might be improved. The work is a monument to American surgery, and will long serve to keep green the memory of its venerable author,—that high toned gentleman and classic scholar, Frank Hamilton.

The volume before us is bound in half Russia, the paper is of a fine grade, the letter press simply elegant, and the cuts not less beautiful. The publishers have, in fine, dressed the work in a garb in keeping with its superior excellence, and have herein given but another evidence of their characteristic enterprise.

Diseases of the Pharynx, Larynx, and Trachea. By Morell McKenzie, M. D., London, Senior Physician to the Hospital for Diseases of the Throat and Chest, Lecturer on Diseases of the Throat at the London Hospital Medical College, and Corresponding Member of the Imperial Royal Society of Physicians of Vienna.
New York: Wm. Wood & Co.

This is the October number of Wood's Library of Standard Medical Authors, for 1880. The work is based on the course of lectures delivered at the London Hospital Medical College during the last twelve years, and partly on an essay on "Diseases of the Larynx" by the author, to which the Jacksonian Prize was awarded by the Royal College of Surgeons of England. It is a book of over 400 pages, octavo size, and is remarkable both for its thoroughness, and for its practicality. The anatomy of the different parts, the diseases of which are discussed, is given, and descriptions of the latest and most approved instruments employed in their treatment, with full instructions in laryngoscopy and tracheoscopy.

Our author is prominent among those who maintain the pathological similarity between diphtheria and croup (so-called). He, indeed, discards the name croup for that of laryngo-tracheal diphtheria, and enters into full reasons for his belief in the unity of the poison, the local manifestations of whose constitutional effects may be either in the pharynx or the larynx. He characterises Virchow's statement that in diphtheria the exudation is *into* the mucous membrane, where as it is *upon* the membrane in croup as merely hypothetical.

There is probably no book on the Diseases of the Throat which commends itself more fully to the attention of the general practitioner. It is not the work of a mere theorist, and its readers may have the satisfaction of feeling that its assertions are based on the experience of one of the most successful specialists in England. In view of the apparent general prevalence of diphtheria the book has an especial interest for the profession at this time.

A Manual of Minor Surgery and Bandaging. By Christopher Heath, F. R. C. S., Surgeon to University College Hospital and Holme Professor of Clinical Surgeon in University College, London; Honorary Fellow of Kink's College. Sixth editton, revised and enlarged; with 115 illustrations.
Philadelphia: Lindsay & Blakiston. Detroit: Thorndike Nourse.

We secured a copy of this little work on the appearance of a previous edition and were so well pleased with it that we are glad to find that the demand has necessitated the publication of the present edition. It supplies a want in surgical literature, and one which no physician who has not had exceptional hospital facilities during his student course, has not felt. It contains points in minor surgery which the more systematic works have neglected, points, moreover, however simple they may appear, and unworthy of consideration, to those familiar with them are nevertheless of much practical interest to the beginner, and an ignorance of which may lead both to embarrassment and pecuniary loss.

We commend this little work very highly to the recent graduate, particularly and such practitioners who may have found themselves deficient in the details of minor surgery.

The Compend of Anatomy for use in the Dissecting Room and in preparing for Examination. By John B. Roberts, A. M., M, D., Lecturer on Anatomy and on Operation Surgery in the Philadelphia School of Anatomy, etc. Philadelphia: C. C. Roberts & Co., 1118 Arch St.

Compends are to be condemned on general principles. They are proper enough in their place, but the temptation to the student, who is more anxious to secure a diploma than he is to secure a thorough knowledge of his profession, is to remove them from their legitimate place, and make them to do duty in a capacity for which they were never designed. They are useful merely as remembrancers. If there is an exception to this general rule it is in the case of compends on anatomy. It is a notorious fact that the student's mind is lumbered with much of anatomy, of the minute kind which is practically worthless. A compend which will enable him to "cram" these minutiæ, and thus enable him to answer the questions which are a part of the examination for his degree, leaving him time for the study of something that is really valuable, answers a good purpose. The little book before us is such a compend; its completeness, moreover, will make it a handy companion in the dissecting room. It is one of the least objectionable compendiums we have seen, showing, as it does, throughout, the hand of the practical anatomist.

The Physicians Visiting List for 1881. By Lindsay & Blakiston, Philadelphia.
For sale in Detroit by Thorndike Nourse.

Regular as the seasons in their appearance comes this old favorite, familiar to most physicians of the present generation. This is the thirtieth year of its publication, and more need not be said of it; it illustrates very aptly the doctrine of the survival of the fittest.

Original Articles.

A Case of Marked Neuro-Retinitis with Complete Recovery of Vision.

BY C. J. LUNDY, M. D.,

Professor of Diseases of the Eye, Ear and Throat in the Michigan College of Medicine. Surgeon in charge of the Michigan Free Eye and Ear Infirmary, and Opthalmic and Aural Surgeon to the Michigan College Hospital, Detroit.

Inflammations of the optic nerve (optic neuritis) or of the optic nerve and retina (neuro-retinitis) present many points of interest both to the general practitioner and the specialist. This is due in part, no doubt, to the fact that such inflammations are frequently connected with cerebral disease of a grave character, and to the usually serious disturbance of vision which follows them.

So far as we can judge, many cases of optic neuritis or neuro-retinitis, occur independently of disease either in the brain or other structures than the nerve itself and its sheaths. That it is by no means always possible to account for the cause or causes of these inflammations is a fact which every unbiased observer must admit. Another fact for which we cannot account is, the complete recovery of vision in exceptional instances, while most cases are attended by very serious impairment of vision and a few with total blindness.

Some time since the following notes were made of one of those extremely rare cases in which the restoration of vision was complete, and in which the perceptive power of the retina and the conducting power of the nerve fibres were so perfect after recovery that objects at a lesser angle than 3′ (three minutes) were seen with perfect acuity. By common consent, as it were, the visual power is considered good when images are seen distinctly at a visual angle of 5.′

Maggie M. C., æt. 25, single, of robusta constitution, came to consult me on Aug. 9th, 1879, and gave the following history: She had always enjoyed good health until recently. Two weeks ago she began to experience "dizzy spells," which have grown worse, and during the past few days she "staggered several times in crossing the room." These vertiginous attacks have been accompanied with nausea, and in a few instances, with vomiting. Two weeks ago her head began to ache, and it has continued to ache without intermission till the present. This headache has not been worse at night and has been confined mainly to the right temple. Ten days ago she observed that objects were not seen distinctly on her right with the right eye, and that at times objects in front of her were blurred for a few minutes; but now vision is blurred in all directions. She has also observed frequent bright flashes in this eye.

External appearances are normal in all particulars. Ophthalmoscopic examination: media clear; optic papilla is swollen and œdematous, and the swelling extends for a considerable distance over the retina;

the retinal veins are swollen, dark and tortuous, and the arteries are only a trifle smaller than those of the left eye which is healthy in all respects. The outlines of the optic nerve are obliterated, and the vessels in its vicinity are nearly hidden by the swollen retina. Even the smaller veins are tortuous for a long distance from the nerve, showing obstruction from some cause. Central vision = $\frac{10}{CC}$, but by turning the head so that the image would fall a little above and to the outside of the fovea centralis, vision = $\frac{12}{C}$ over a very limited field. Left eye, vision= $\frac{12}{VIII}$ (eye emmetropic).

Examination of urine negative; no heart disease; no history of brain lesion; no history of syphilis; no signs of orbital tumor; never had malarial fever; menses regular; had bleeding from nose three or four times daily for years previous to commencement of headache, but since that time (two weeks ago) epistaxis has not occurred.

Ordered unguent. hydrarg. to be rubbed to inside of thighs night and morning, and leeches to the temple. August 12. Headaches more severe than before, and she has been quite dizzy to-day. The papilla and retina are more swollen than they were three days ago. Vision about the same. Ordered leeches again, and hydrarg. perchlorid. $\frac{1}{12}$ gr. thrice daily. August 19. For past few days headache has been absent till to-day. Has no vertigo now. Vision very hazy and more peripheral, = $\frac{2}{CC}$. Lower half of objects seen better than upper half. Can see a few letters of "Jæger 14" at a time, but can not see a whole word, showing that perceptive power is limited to a very small portion of the retina. For several seconds at a time all objects are lost to sight, and these spells of blindness occur quite frequently. Photopsia (flashes of light) still troublesome. Optic nerve and retina more swollen and œdematous than before, and below the disc the veins are entirely hidden by the swollen retina, and the arteries are invisible over the nerve and for some distance from it. Patches of milky exudation are intermixed with smaller red patches, which latter are either areas of intensely congested capillary vessels or small hemorrhages, and these extend over the papilla and over the retina in its vicinty. Unguent. hydrarg. discontinued a few day ago, as gums had become tender. The hydrarg. perchlorid. still continued. August 30th. Patient has had neither headache nor vertigo since last notes, and feels well. Patches of milky exudation larger, vision not quite so good but not much change. September 9. Swelling of optic nerve and retina much diminished, and both veins and arteries are now plainly visible. The outlines of the optic nerve begin to show themselves; veins not so large and tortuous, arteries smaller than normal, and field of vision much enlarged. Ordered saturated solution of iodide of potash in ten drop doses to be rapidly increased. September 23. Disc slightly atrophied; veins smaller than normal; arteries much diminished; objects seen as through a haze, but vision = $\frac{12}{XII}$; field of vision not complete on right; no vertigo or headache. Iodide of potash continued in fifteen grain doses thrice daily. October 11. Optic disc considerably atrophied, no changes in vessels since last notes; retina mottled; choroidal ring around optic disc. Vision, right eye = $\frac{12}{VIII}$. She can read "Jæger No. 1" with ease.

Iodide of potassium continued in smaller doses; also ordered strych. sulphat. gr. $\frac{1}{20}$ thrice daily, to be increased. This treatment was continued several weeks. The eye was protected from light during the whole course of the disease, sometimes by a patch and sometimes by blue glasses. The patient has been examined several times since date of last notes, but no change has been observed, Now, more than one year after the attack, she is in good health, is free from headache and retains her remarkably acute vision.

This case is somewhat remarkable on account of the complete recovery of vision following a neuro-retinitis of such severity.

It is not my intention to discuss, in this short paper, the pathology and causation of optic neuritis in general, and I shall content myself with stating that in my opinion the affection of the nerve was confined mainly or solely to the ocular portion, and that the checking of the epistaxis was an important factor in the causation.

In conclusion I would add that it was not until some weeks after the first consultation that anything was learned regarding the epistaxis or its cessation. Had these fac s been ascertained at the outset, the patient would have been bled more freely; and the frequent use of the artificial leech, in similar cases, is to be commended.

52 Lafayette Ave.

Tumor of the Cerebellum.

A CLINICAL LECTURE BY HORATIO C. WOOD, M. D.

Professor of Materia and Therapeutics University, of Pennsylvania.

Nothing reliable can be obtained with regard to this patient's previous history. He is a white man and 40 years of age. He has been fairly intelligent until within the past year or so, when very marked evidences of mental deterioration appeared. Lately his mind has become very much weakened, he is almost entirely blind, has persistent and excruciating headaches, and has lost his muscular power entirely. This loss of power is general. There is no local palsy. He vomits whenever he tries to move about in the bed. He did not begin to suffer from pain in his head until quite recently. The pain starts in his forehead, and darts round towards his ears. He also complains of pain low down in the back of his neck. He has never, he says, received a sunstroke, and has never upon any occasion lost consciousness. Meningitis very frequently follows sunstroke, and may amount in time to a chronic cerebritis; but it is, as a general thing, entirely curable. There may have possibly been an attack of sunstroke, but all the facts of the case are opposed to this supposition. He never had any convulsions until after the inception of the severe symptoms. The blindness came

on slowly, first appearing after a convulsion. His bowels are obstinately costive, and he has lost his sexual appetite altogether. He says, in fact, that it never was very strongly developed. There is very marked choking of the discs. This symptom, in the majority of cases, proves the existence of intracranial pressure, and yet I have upon several occasions myself seen choked discs where there was no sign of cerebral disease. Though a presumptive evidence, therefore, it cannot be considered proof absolute. It is, indeed, not invariably present in cases of cerebral tumor. All the persistent symptoms in this case—the persistent paroxysms of headache, the blindness, and the excessive vomiting—point toward the existence of a cerebral tumor. Persistent headache, for instance, is a proof that we have to deal with either meningitis or a cerebral tumor.

As regards the diagnosis between these two conditions, the headache consequent upon the irritation of the cerebral tumor is generally more severe than in a case of meningitis. In the former disease there is sometimes a fixed local pain at the seat of the tumor. This characteristic fixed pain is rare, however. There is usually, as here, deeply seated pain in the forehead and neck. With regard to the blindness; what does it mean? Tumors of the brain are often associated with blindness. Ferrier places the seat of vision in the large convolution, on the top of the first cerebral convolution. Destruction of this brain substance on one side, according to this authority, causes loss of vision in the other eye. Ultimately, however, one side is able to replace the other and perform the functions of both. There is no doubt but that the corpora quadrigemina are connected with the function of sight. They are not, however, centres of visual consciousness. The visual impression is probably received and elaborated at the points of Ferrier, mentioned above. One is guided, no doubt, in reading a book, by the reflex impression from the corpora quadrigemina; but this reflex act takes place without any mental perception of the same. Disease of the cerebellum is quite frequently associated with loss of sight. The blindness in this case may be because the cerebellum is crowded down by the pressure of the tumor upon the corpora quadrigemina. As each optic nerve supplies the inner half of one eye and the outer half of the other, paralysis of one visual centre, through pressure upon the cerebellum, or optic nerve, may cause blindness. The upper visual centre (in the large convolution on the top of the cerebral convultion) is probably in the same position, in the human as in the monkey's brain. In this instance the lesion is most probably not near the corpora quadrigemina. There is scarcely room for the growth of a tumor in the corpora quadrigemina without its causing pressure upon the medulla oblongata, and so producing local paralysis, which is not present in this case. The next possible situation for a tumor is in the cerebellum. What symptoms have we here of cerebellar pressure. The excessive vomiting, the persistent headache, the staggering gait are all symptoms pointing to a cerebellar origin of the tumor. In some rare cases of cerebellar tumor there is complete sexual palsy. This is present here to a very marked degree. In other cases of the same disease there is no disorder of the sexual function. The disturbance of sexuality probably occurs in those cases in which the middle cerebellar lobe is the seat of the tumor. The general loss of muscular power (the man has been confined to his bed and entirely unable to walk for a long time) points strongly to the cerebellum as the seat of disease. When the cerebellum is removed in the lower animals, there is general loss of muscular strength. The blindness may, possibly, be due not to the lesion of the brain, but to some peripheral nerve lesion. Optic-neuritis is very often the cause of blindness. We cannot make out by means of the ophthalmoscope how far the optic nerves have lost their power of visual conduction in the present instance. The outer appearances, too, cannot always be regarded as an acurate measure of the loss of power. The choking of the discs is very decided here. The blindness may be of peripheral orgin, but the cerebellar symptoms give me great reason to think that the blindness is central in origin. The exact determination of the position of a cerebral tumor is somctimes exceedingly difficult. In some instances the sole symptom of the presence of the tumor in the cerebellum is the persistent vomiting. It is generally easy to determine whether the vomiting is gastric or cerebral. Position very rarely effects vomiting of gastric origin, whereas, if the vomiting be of cerebral origin, the least change of position is liable to bring on the most painful retching.

This man cannot be lifted up into a sitting posture in bed without bringing on an attempt at vomiting. When he tries to sit up by himself he vomits profusely. Straining at stool also gives rise to spells of vomiting. There are periods at which his vomiting is much more exhausting and excessive. Sometimes these spells bring him so low that he seems to be at the point of death. The cause of these exacerbations is, no doubt, the temporary attacks of congestion of the brain. Raising the man so disturbs the circulation as to increases his pain and bring on these acute attacks of vomiting. The slightest irritation of the liver, or stomach will upset the balance of the circulation. Death will, no doubt, take place during one of these attacks of temporary congestion. As regards treatment, we have tried an antisyphilitic course of treatment, but without the slightest beneficial effect. I do not think there is any history of syphilis in the case. It is needless to say that the prognosis is unfavorable to the last degree. In some rare cases the tumor ceases to grow for a while, and the patient remains in *statu quo.*, unchanged for the better or worse, for a longer or shorter period of time, but, as a general thing, the disease advances rapidly to a fatal termination.

Selections.

Treatment of Gonorrhœa.—Dr. W. Watson Cheyne, who recently took the Boylston prize essay,

has given his experience on the treatment of this disease in one of the English journals. As it is attracting considerable attention, we give the following abstract taken from one of our exchanges. He expresses the opinion that the extreme contagiousness of gonorrhœa, the existence of a distinct period of incubation, and the steady spread of the inflammation from a given spot, all point strongly to a parasitic origin. Acting on this idea, Dr. Cheyne made a number of cultivation experiments, in which he produced large numbers of organisms in the pus of gonorrhœa. In addition he believes that the mucous membrane itself in the neighborhood, as well as the pus of the inflamed parts, is the seat of organism. In the case of gonorrhœa, then, he supposes that at the time of infection a small number of the specific organisms, which in all probability possess a considerable resisting power to the destroying action of the healthy living tissues, are retained in the urethra; that these go on developing; that the products of their growth irritate and weaken the mucous membrane in their vicinity; that the organism can then penetrate into and live in that weakened tissue; and that the extension of this process over a portion of the mucous membrane of the urethra is the cause of the inflammatory symptoms. Granting the correctness of this theory, what is wanted is a medicinal application which shall destroy the organism without irrritating the inflamed and highly sensitive mucous membrane. Iodoform and oil of eucalyptus appeared to Dr. Cheyne to possess the proper qualities, and he has accordingly experimented with these drugs, mixed with cacao butter, made up into bougies of various lengths. These bougies possess among other advantages over injections this: that having the diameter of a No. 9 or No. 10 catheter, they expand and smooth out the swollen mucous membrane. Dr. Cheyne has found a combination of the two drugs better than either alone. He employs the following formula: iodoform, five grains, oil of eucalyptus, ten minims, in a bougie of forty grains. The specific element of the disease having been eliminated by this means, antiseptic injections are employed in addition, for the purpose of preventing the discharge from becoming septic and irritating. A saturated solution of boracic acid in water, or an emulsion of eucalyptus oil (one ounce of eucalyptus oil, one ounce of gum acacia, water to forty or twenty ounces), to be used for two or three days. At the end of that time injections of sulphate of zinc, two grains to the ounce, may be begun. The usual precaution of rest, diluent drinks, etc., must be employed. In using the bougies, the patient is first told to empty his bladder, partly to clear out his urethra, partly to prevent the necessity of expelling the antiseptic from the canal for several hours. He then lies down on his back, and a bougie from four to six inches long is introduced, and the orifice of the urethra is closed by strapping. The bougie ought to be dipped in eucalyptus oil or in the carbolic oil (one to twenty) before insertion. The patient is instructed to refrain from passing water, if possible for the next four or five hours. If the case be severe and advanced, he takes another bougie home, and is instructed to introduce it in the same manner after he next passes urine. On that evening, or on the following day, he commences the antiseptic injection, which he uses four or five times daily. On the third or fourth day, when the symptoms have entirely subsided, an injection of sulphate of zinc, two grains to the ounce, is begun. Dr. Cheyne has employed this method in about forty cases, and in all the result has been the arrest of the progress of the gonorrhœa. For a day or two the purulent discharge continues, but afterwards it steadily diminishes in amount, becoming in four or five days mucous, and ceasing altogether in a week or ten days. At the same time the scalding and pain and the symptoms of inflammation rapidly diminish, and disappear completely in about thirty-six to forty-eight hours. In fact the case becomes no longer one of virulent gonorrhœa, but one of simple urethritis, rapidly progressing towards recovery if properly treated.

On the Cause and Treatment of the Bad Odor Sometimes Associated with Excessive Sweating of the Feet.—Dr. George Thin has recently made a fruitful investigation of this subject, the report of which is published in the *British Medical Journal* for Sept. 18, 1880. and from which the following is abstracted:—

The patient who has afforded me the opportunity of investigating the cause of the smell is a young woman, æt. 22, who has suffered from evil-smelling feet, with soreness of the heels, for several years. Her hands are usually moist, or even wet, but are always odorless. The smell from the feet is not constant, disappearing in dry bracing weather, and reappearing when the weather is moist and depressing.

The first experiment I made was to subject the soles of the stockings and boots to the action of an antiseptic solution. The success was complete, the odor being entirely banished. The antiseptic precautions having been soon neglected, the smell returned, and I took the opportunity of investigating its cause more minutely.

The sole of the stocking, a few hours after it was put on, was found to be quite wet; and a stocking, if worn for a whole day, was so extremely offensive that when held close to the nostrils, its overpowering fetor was comparable to that of putrid blood. The inside of the boot was equally wet and offensive; but, at the very time that the stocking and boot smelt so strongly, the heel itself, exuding moisture profusely, had no disagreeable odor. The sole of the heel was reddened and tender, and macerated around the edge, like a washerwoman's palm.

The reaction of the moisture in the stocking and in the sole of the boot was alkaline, that of the moisture exuding from the skin of the sole of the heel faintly alkaline, whilst that of the perspiration of other parts of the body was acid.

The fluid from the sole of the heel was thus shown to be not pure sweat, the faintly alkaline reaction

being doubtless due to the serous discharge accompanying the eczema set up by the local hyperidrosis.

The fluid in the sole of the stocking was found to be teeming with bacteria forms, the nature and development of which I have carefully investigated. These investigations have produced resu.ts of some scientific interest, which I have communicated to the Royal Society*. The rapid development of bacteria in the fluid which exudes from the soles is doubtless favored by the alkaline reaction produced by the mixture of serous exudation with the sweat.

The treatment instituted in this case is as simple as it has been effective. The stockings are exchanged twice daily and the stocking-feet are placed for some hours in a jar containing a saturated solution of boracic acid. They ar· then dried, and are fit for wear again if it be desired. The boracic acid effectually destroys the smell. But to kill the bacteria in the stocking in not enough. The leather in the bottom of the boot is wet and sodden, and smells as vilely as the stocking. This difficulty is got over by the use of cork soles. I directed my patient to get half a dozen, which she finds sufficient. A pair must only be worn one day unchanged; at night, they are placed in the boracic jar, and are put aside the next day to dry. If these directions be accurately carried out, the evil smell is perfectly destroyed.

The boracic acid solution is an excellent application to the painful skin in these cases. When the tender skin of the soles is washed with it, a sensation of coolness succeeds the feeling of heat and tension which are the usual accompaniments of the eczematous condion associated with the smell, and the skin becomes harder and loses its abnormal redness.

The bacteric fluid would seem to act as a direct irritant to the skin. My patient assures me that, if she wear stockings which have been dried without being disinfected, irritation is speedly felt; and that the cork soles, if worn a second day without having been purified, act in a similar way.—*Medical News and Abstract.*

Action of Benzoic Acid in Rheumatic Polyarthritis.—Prof. Senator has previously called attention to the excellent results which follow the treatment of rheumatic arthritis with benzoic acid. He now brings forward a larger number of cases which confirm his original statements in regard to the action of this drug. In the earlier investigations, which were made in the beginning of the year 1877, the benzoic acid was employed not only in acute cases of rheumatic arthritis, but also in subacute cases without fever as well as in chronic ones; in the latter class, however, no results were obtained. Twenty-two cases out of a total of forty-six were treated solely by means of benzoic acid or sodium benzoate, which was given to the extent of 15 grams a day. The patients were relieved, in one case after two days of the treatment, in twenty cases after 3.7 days, and in one case, which was treated from the very commencement of the attack with small doses, after eleven days. No relapses or complications were observed in any case. In these cases it was clear that the favorable result was actually due to the benzoic acid, and this was further confirmed by the fact that in a second group of cases, four in number, the affection which had been futilely treated by salicylic acid, was really or apparently cured. In a third group, consisting of six cases, the author found that benzoic acid afforded no relief, whilst salicylic acid was of use. From these data, which are supplemented by fourteen cases in which salicylic and benzoic acid were both employed, Professor Senator concludes that benzoic acid exerts a distinctly favorable action in rheumatic polyarthritis, though it scarcely rivals salicylic acid. Benzoic acid possesses, however, the advantage that it may be given in very large doses. The author therefore recommends that the remedy, or its sodium compounds, be used in those cases in which salicylic acid has failed, and that, if necessary, it be administered in large doses.—*Practitioner,—Zeitsch, f. Klin. med.*

*On Bacterium fœtidum: an organism associated with profuse sweating from the soles of the feet. (Proceedings of the Royal Society, No. 205, 1880.)

Oxalate of Cerium in the Treatment of Cholera Infantum.—A country practitioner writes to the *Concours Médicale*, on the treatment of infantile cholera by oxalate of cerium. He says, "profiting by a slight epidemic of diarrhœa among children and adults, I administered oxalate of cerium regularly, in doses indicated by my *confrére*, Dr. Poulet, viz., four grains divided into ten powders for children under two years, one to be given every hour; eight grains in ten powders between two and ten years; and fifteen grains similarly divided for adults. *Without any exception*, I have obtained rapid and absolute cessation of the vomiting, and in four cases, complete cure of the diarrhœa. In a child of a month old, already much attenuated by the disease, I renewed, during three days successively, the dose of four grains in ten powders; each time I obtained the cessation of the vomiting, which returned when the medicine was discontinued. Unfortunately, it was impossible for me to arrest the diarrhœa, and the child succumbed; but I am convinced that if I had been called in earlier I could have saved it. I cannot impress too strongly the importance of the cessation of the vomitting, as it permits the employment of the administration of the remedies usual in these cases. I tried to give the oxalate of cerium in a mixture, but I had to abandon it in favor of the powders. In a word, the employment of oxalate of cerium seems to me indicated in infantile cholera, and the cholera nostras of adults at the vomiting period. Its action upon the stomach is incontestable; and if that which it exercises on the intestine is more doubtful, it permits, at least, the recourse to other medicines the administration of which would have been otherwise impossible."—*Med. and Surg. Reporter.*

Treatment of Chorea.—From observations made in the service of Siredy (Bouchardt's Ann.—*Med. Press and Circular*) the following deducations are drawn:

1. Of all the remedies employed in chorea those which are the most rapid and sure are the arsenical preparations, particularly arsenious acid, which at once produces rapid amelioration of the symptoms and brings about a speedy cure.

2. Grave cases of chorea that have resisted other treatment yield, frequently with promptness, to arsenic.

3. To obtain full benefit of the arsenical treatment it is necessory to administer the medicine in such doses as to produce, as speedily as possible, the constitutional effects or signs of arsenical saturation.

4. Even in children affected with chorea, no hesitation should be felt in giving strong doses of arsenic, in order to reach the point of saturation quickly.

5. Without denying the possibility of danger in the use of arsenic in the treatment of chorea, yet no case has thus far been recorded to establish the fact.

Boracic Acid in Surgery.—I believe I have not spoken extravagantly. If in one or two instances my language is emphatic, it is because the facts warrant it. I do not pretend to anything like a full knowledge of the indications for its use or of its therapeutic power, especially as an internal remedy. As a tropical application I have much to learn as to its power, range of adaptation, and the desirable degrees of strength and modes of combination in different cases and under different cases and under different circumstances. But I know already that it is a medicine deserving high rank in the materia medica as a disinfectant, parasiticide, anti-ferment (a saturated [watery] solution surely destroys all germs), and a most excellent alterative to unhealthy surfaces, correcting unhealthy processes of inflammation and ulceration, and promoting the exudation and organization of sound lymph. And I sincerely trust that my profession throughout the world will so thoroughly test its virtues as to give it its definite and deserved place in the pharmacopœia. Fortunately its cheapness, its stability, and its lack of any irritating or poisonous quality, at least within the limits of ordinary doses, render such trial very easy aud safe.—*W. W. Greene, M. D., Portland. Me.*

Formulary.

One of the most favorite remedies in this country is the "Unguentum oxidi zinci benzoatum," of Erasmus Wilson, Bell's formula for which is as follows:

℞ Adipis preparati..... ℥ xv
Gummi benzoini pulveris..... ℥ j
Liquefac, cum leni calore, per horas viginti quatuor, in vaso clauso; dein cola per linteum, et adde
Oxidi zinci purificati..... ℥ j
Misce bene. et per linteum exprime.

To this a drachm of rectified spirit, spirits of camphor or glycerine may sometimes be added with advantage. The benzoin prevents the ointment from becoming rancid and irritating, while at the same time it imparts to it a certain fragrance. It is an excellent preparation, but, owing to the white crust which is apt to form, it is inferior to others when the eruption is situated upon uncovered or upon hairy parts. In such situations the zinc ointment of Dr. L. D. Bulkley, of New York, is preferable. It is composed of pure carbonate of zinc and the ceratum galeni, in the proportion of half a drachm to the ounce.

One of the most valuable of soothing ointments is the "Unguentum diachyli albi," of Herba, of which the following is the formula:

℞ Olei olivæ..... ℥ xv
Lithargyri..... ℥ iij et ʒ vj
Coque l. a. in ung. moll., dein adde
Ol. lavandulæ..... ℥ iij
M. Ft. unguentum.

This ointment is likewise unsuitable for hairy parts, on account of its matting the hairs together. More recently several varities of smooth oinments containing oleic acid have come into use, one of the best of which is the "Unguentum zinci oleatis," recommended by Dr. Crocker, the formula of which is as follows:

℞ Zinci oxidi..... ℥ j
Acidi oleici..... ℥ viij
Vaselini..... ℥ ix

Rub up the oxide of zinc with the oleic acid, and let it stand for two hours; then place in a water bath until the zinc is dissolved, add the vaseline and stir until cold. Instead of this Dr. Sawyer has more recently recommended an oleate of lead ointment, which is composed of lead oleate, twenty-four parts. The lead oleate is prepared by heating a mixture of oleic acid and oxide of lead, one part of the former to eight of the latter. It is prepared in the same way as the last ointment, but in my experience is inferior to it as a sedative application.

By far the best of all the soothing ointments with which I am acquainted is composed of:

℞ Bismuthi oxidi..... ℥ j
Acidi oleici..... ʒ viij
Ceræ albæ..... ʒ iij
Vaselini..... ℥ ix
Olei rosæ..... ♏ v

I have not only used this ointment with the very best results myself, but those of my profcssional brethren to whom I have recommendeded it have professed themselves equally satisfied with it; and one medical man in particular recently informed me that it was the cnly ointment, of the many which he had tried, which had proved a sedative in his own case.

Instead of merely rubbing soothing ointments upon the inflamed surface, as is so often done, it is always preferable, when at all possible, to apply them spread thickly upon a piece of linen, which should not be too large, else they do not lie evenly upon the inflamed parts.—*London "Specialist."*

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

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Editorial.

Medicinal Eruptions.

Dr. Arthur Van Harlingen, Chief of the Skin Clinic, Hospital of the University of Pennsylvania, read before the American Dermatological Association a paper on Medicinal Eruptions which is published in the October No. of the *Archives of Dermatology*, and which contains many facts and reports of cases, which have not been heretofore collected and formulated for the benefit of the general profession. Of late years a number of scattered cases of medicinal eruption, following the employment of quinine, particularly, have been published in the medical journals, but we do not think it is generally known to what an extent eruptions from other drugs than quinine are apt to occur. Dr. Van Harlingen's paper is somewhat lengthy from the number of reports of cases which it contains, and we can at best give a synopsis of it:

Arsenic.—A dermatitis of an erysipelatous nature is reported to sometimes follow the use of this drug; papular eruptions also, resembling the lesions of measles or those of the familiar papular syphiloderm of the face, though of a less coppery color. Urticaria-like eruptions seem, however, to be of the most frequent occurrence, accompanied in some instances by pyrexia.

Belladonna.—It is well known that this drug is recommended by the believers in the universality of the law of *similia similibus curantur* as a prophylactic of scarlatina, this belief being based on the fact that an erythematous or scarlatiniform rash sometimes follows its use. A number of cases are reported in which such an eruption occurred, it being usually unaccompanied by burning or itching and never followed by desquamation. The mucous membranes are apt to be affected at the same time.

Bromine.—Some, at least, of the eruptions due to the ingestion of bromide of potassium and other bromides have been known and recognized almost ever since the introduction of these drugs. The acneform and pustular varieties occurring usually on the face and chest are probably the most familiar. An erythematous eruption sometimes also occurs, and cases of maculo-papular, furunculoid and bullous eruptions are reported.

Chloral.—The erythematous eruption is that most commonly observed as a result of the ingestion of chloral. It is often described as scarlatiniform or of a dusky rose-color, is apt to occur in patches with swelling and heat of the affected parts and is commonly accompanied by severe itching. It may last from half an hour to several hours. Like that due to belladonna this eruption appears to be due to vaso-motor paralysis, as are also the palpitations and dyspnœa which are not unusual concomitant symptoms. Cases of urticarious, papular, vesicular and pustular eruption are also reported while occasionally more severe forms of skin disturbance, as purpura, follow upon the prolonged use of chloral.

Copaiba.—The usual eruption from copaiba is a perfectly characteristic papular erythema or roseola. It appears by preference upon the hands, arms, knees, feet and abdomen. Sometimes it appears suddenly, and covers the entire surface. If the copaiba is continued it may take on other forms, and a true erythema be produced. The disagreeable odor of the skin in the copaiba eruption, owing to the large quantity of the drug eliminated by the various glands, is a diagnostic point of value.

Cubebs only rarely cause skin troubles, and then after the use of considerable doses especially in young subjects. The skin, bright red in color, in a case reported, showed a considerable number of millet-seed sized elevations, which united here and there into finger-nail sized patches. There is no fever pruritus, or throat trouble.

Iodine.—Eruptions due to iodine have long been recognized. The form may be erythematous, papular, vesicular, bullous, pustular or hemorrhagic. Iodide of potassium is the form in which the iodine is usually administered but in any form it may produce eruptions. A form has recently been described which is said to closely resemble eczema. It is very rare. It mostly affects the hairy scalp and the neighborhood of the scrotum and soon disappears on stopping the iodide; phlegmonous and purpuric eruptions have also been known to occur. The *rationale* of the iodine eruptions seems to be that there are conditions in which iodine, when present in the blood, attacks and disorganizes the vessels at certain localized points.

Mercury.—Eruptions from the use of mercury are rare and Hebra even went so far as to declare that "no morbid out-break upon the skin could be brought about by the internal administration of any mercurial preparation whatever." Several cases are, however, collected by Dr. Van Harlingen in which the eruption was clearly traceable to mercury as the cause. These cases show the outbreak to have been almost invariably of an erythematous or scarlatiniform character, although cases have been reported where vesicles, bullæ, pustules and phlegmon have been observed.

Morphia, Opium.—The eruption brought about by the ingestion of morphia or opium is usually of an erythematous character, often resembling closely that of scarlet fever. It is more apt to attack the flexor surfaces, and is accompanied by severe itching. Occasionally complete desquamation of the epidermis takes place over the palms and soles, the

epidermis being removable in the form of complete casts of hands or feet.

Quinine and Cinchona.—Although quinine and the preparations of bark have been in constant and extensive use for the past sixty years, yet comparatively few cases of eruption due to the use of this drug have been reported until within the last few years. As if to make up for lost time, however, a very large number of observations have been published of late, most. if not all, of which are quite authentic, and which place quinine among the drugs which are liable to cause eruptions in certain individuals. The prevailing type of quinine eruption is erythematous, closely resembling the rash of scarlatina or of measles. It first shows itself over the face and neck, but soon becomes diffused over the whole surface of the body. In exceptional cases it may not become generalized; sometimes on desquamation the epidermis of the hands and feet is shed as a whole. Occasionally the quinine eruption is papular in form, sometimes resembling erythema multiforme papulatum, or more frequently urticarious, with distressing burning, tingling and itching.

Salicylic Acid.—Eruptions due to the ingestion of salicylic acid or the salicylates are not very infrequent. In one case reported a marked urticarious eruption occurred over the greater part of the body, especially the legs and abdomen, with œdema of the eyelids and arms. In another vesicles and pustules on the hands and feet accompanied by much sweating were observed, they disappeared on the discontinuance of the drug.

With regard to the general pathology of medicinal eruptions, continues Dr. Van Harlingen, I do not think that our knowledge of the action of the drugs under consideration is sufficiently full and accurate to permit of any theory being brought forward which will satisfactorily account for the facts thus far observed. A plausible attempt has been made by Behrend to classify the medicinal eruptions into two categories,—one where small doses of the drug bring out very quickly and by a sort of catalytic action some generalized eruption; the other, in which he includes the bromine and iodine eruptions, where the long-continued use of the drug seems to cause a saturation of the system, and where its elimination causes local disturbances having their chief seat about the glands. This theory cannot, however, be made to square with the facts inasmuch as the occurrence of petechial eruptions would not be adequately explained thus nor would the fact of the occurrence of exanthematous eruptions from iodine and bromine permit of their separation from the other medicinal eruptions.

Diphtheria.

This disease although one of painful and perennial interest has nevertheless been discussed almost *ad nauseam* of late years. The reason why this discussion has been so uninteresting, and why the reader of the medical journal has become tired of it, is because it has been fruitless and unprofitable—a proceeding in a circle, ever and anon coming back to the starting point, and making no progress. There has been nothing new advanced and the changes have been rung on the question of the similarity or nonsimilarity of croup and diphtheria. Latterly, however, there has been something new—the experiments of Drs. Wood and Formad on lower animals. These experiments are peculiarly interesting in their results and calculated to modify existing views on the nature of the causation of diphtheria. They are detailed in a paper published in the supplement to a recent number of the National Board of Health Bulletin.

In thirty-two experiments in which the animal was inoculated with diphtheritic matter introduced subcutaneously, death followed in only six, and in only one was there any exudation calculated to excite the slightest suspicion that diphtheria was the cause of death. Contrary to the assertion of Oertel that in animals dying from inoculation of diphtheritic matter the internal organs are infested with micrococci, Wood and Formad found no micrococci. If, then, the animals did not die of diphtheria what was the cause of death? In the post mortem examinations in every case the internal organs were tubercular, and in many cases intensely so; tubercular disease was also found in the organs of rabbits which were killed some days after inoculation. The inference is, therefore, strong that tubercle was the direct cause of death in the fatal cases. But it is not necessary to inoculate with diphtheritic matter to produce this tuberculous condition; in five out of nine instances a similar deposit was found in cases in which the animal had been inoculated with so-called non-specific matter, this fact showing that in the rabbit simple inflammation is sufficient to give rise to tubercle. In two cases out of ten experiments diphtheritic matter introduced into the trachea gave rise to a diphtheritic membrane, but other experiments have shown that ammonia is capable also of giving rise to a diphtheritic membrane, and so are other chemical irritants.

The above are, briefly, the results of Drs. Wood's and Formad's interesting experiments. It would appear from these that bacteria play no such important part in the production of diphtheria as they have been credited with—entering the system and developing as such in the system and causing the general disease of which the diphtheritic patch is merely the local manifestation. The most that they may do, as has been suggested, is to act as a local ferment upon the exudations of the trachea, as the yeast plant does on sugar, and cause the production of a septic poison which differs from that of ordinary putrefaction, and bears such relations to the system as to, when absorbed, cause the systemic symptoms of diphtheria. These bacteria may be, and doubtless are, constantly in the air, but not in sufficient quantities to cause inflammation in the trachea, whilst during an epidemic they may be present sufficiently numerous to incite an inflammation in a previously healthy throat. The dictum "No bacteria,

no diphtheria," is not any more true than that fermentation cannot occur except through the presence of bacteria.

The latest evidence, therefore, tends to support the theory of the local origin of diphtheria, the constitutional symptoms being due to blood poisoning from absorption of septic, and not necessarily specific, material from the seat of the local disturbance. This view of the disease once in vogue the importance of local treatment from the very incipiency of the attack, will be apparent.

If, furthermore, diphtheria may be the result of any intense nonspecific inflammation, which seems to be the inference from Wood and Formad's experiments, no inflammation of the mucous membrane of the fauces and throat should be regarded as a thing of trivial moment.

Mind Your own Business.

That medicine is a calling sufficiently extensive and far reaching even in any of its divisions, to completely occupy the attention of any ordinary mind, few will be found to deny. It is only those who devote themselves most assiduously and exclusively to its study who can properly realize the extent of the subject, and who can hope ever to even approach to a knowledge of what the laborers in the different divisions have succeeded in developing. This being the case what are we to think of those practitioners who, besides attending to the active duties of their profession, find time to dabble in numerous other outside ventures, entirely foreign in their nature to that for which they are supposed to have especially fitted themselves—politics as a business, mercantile pursuits, stock speculation, and what not? They are either men of very extraordinary mental calibre or are failures as physicians. They may succeed by their *suaviter in modo* in blinding the public to their defects and shift the responsibility of their mistakes to the shoulders of Providence, without, however, giving Providence any credit for the recoveries which take place in their practice, but if they are true to themselves their mental condition at times, when they realize that their incompetency is due rather to their individual ignorance than to the backwardness of science, cannot be such as affords the greatest amount of pleasure in ones work. The Virchows and the Playfairs are rare, and as a rule when the physician gives any of his time to non-professional effort he does so at the expense of his profession and to the detriment of his patrons.

A writer in the *Economist*, (quoted by the *Scientific American*), has some words of warning to merchants against their engaging in business foreign to their legitimate vocation, which are well adapted to physicians, as well. The successful men, he says, are those who mass their forces in solid columns, instead of thinning ranks to cover a wide area of ground. Solid battalions resist successfully the fierce onslaughts of the enemy and win the day, while weak columns go down at the first charge of the bayonet. Those who concentrate their energies and talents upon their legitimate business and let outside matters alone, keep their affairs well in hand, and are, therefore, fortified against sudden disaster. A merchant cannot run a store and a farm safely side by side, either the one or the other will suffer. Dry goods and silver mines do not mix well together when the same hand guides both. A collision detrimental to one or both interests will sooner or later occur. With many men the trouble is not so much in making money as to keep it when it is made. They are of a restless temperament, never satisfied, always on the *qui vive*, eager for speculation and ready to dabble in outside ventures. They speculate in stocks, take a venture in grain or pork, risk largely in wool or cotton, and always willing to subscribe handsomely for the shares of gold or silver mines. Such men lack the power of concentration. With divided mind, divided energies, and divided capital, they are scattered over too wide a surface, and at the first wave of a panic they go down into insolvency and financial ruin. For a man to succeed he must concentrate his powers and abilities, mark out a safe, straight line and steadily pursue it. He will find in the long run that one pursuit furnishes ample scope for all his energies, and if wisely followed will bring appropriate reward.

What is true of the merchant is not less true of the physician as regards success in his vocation. His mistakes may be less apparent to the world, but they are not less disastrous and their ultimate consequences not less certain. The profession of medicine can be relied upon to do well by those who do well by it, that is, those who honestly devote themselves to its study and to its practice.

Pathies and Medical Legislation.

We have been particularly struck with the absence of objections to the proposed Medical Bill which we outlined in a recent number, based on the implied recognition which the Bill gives the homœopaths.

Five years ago the proposition to have a Medical Board in this State comprised of any other than those strictly "regular" would have cost him who made it his standing as a reputable regular physician. Within that time the mere fact of a regular physician's lecturing to young men who contemplated in practicing medicine to administer their drugs under the belief that a disease is cured by a medicine whose physiological effect is to produce an artificial disease, similar to the spontaneous disease, was a sufficient reason to a large section of the profession of this State, and, indeed, of the whole country, why the lecturer should be drummed out of the regular ranks, become a professional pariah and be ostracised from all professional association. It is, of course, not to be supposed that all who joined in the crusade against the regular professors at the University because of homœopathy, did so from a purely impersonal motive, and a pure jealousness for professional integrity, but there were many who were honest in their opposition to the "unholy alliance," and who spoke as they were moved by a desire for the honor of the profession. The few years

since then have brought their changes, and though the feeling against homœopathy as a system has not changed, there has been a marked change in the views as to the better plan of dealing with the homœopaths. Persecution was the seed of the church, and such is human nature that persecution of the individual always arouses sympathy for him, for the man whose heart is in the right place always takes the side of the under dog in the fight, even though he may not invest any money on him. Homœopathy must be allowed to stand on its merits, and the time is coming when the regular doctor, so-called, will meet the Hahnemannian at the bedside. The issue of a case depends more largely, perhaps, on correctness of diagnosis than on medication, and the time is coming when regular will meet homœopath to consult on diagnosis, and when the family or patient will be left to elect whether he will take little pills or big pills in his. Let us, against that time, take such steps as will ensure the homœopath's being so versed in the fundamentals of medicine as will make of him a competent diagnostician. To that end let us take him with us on the Medical Board and recognize him as a man and a brother.

Miscellany.

Consumption of Horse-flesh in France.—M. Decroix, the originator of the sale of horse-flesh as a speculation in France, publishes in the *Journal de la Société de Statistique de Paris*, for September, a statistical account of the horses, asses, and mules that have been consumed since 1866. According to the physiologists, he observes, every person in order to be in a good alimentary condition, ought to consume eighty kilogrammes (about 180 pounds) of meat per annum ; but, althogh the total amount of meat consumed in Paris and other large towns may approach this physiological ration, this arises from many persons eating far more than their share, a portion of the population being more or less deprived of this kind of food. Taking entire France, it is found that the consumption amounts to scarcely a third of the normal ration. Struck with this deficiency, Geoffroy St. Hilaire called attention to the alimentary resources derivable from horse-flesh ; but he died in 1861, before the prejudices against this description of food could be overcome. M. Decroix having supplied him with some of the facts which he had advanced, has since then been the chief advocate of the new dietary substance. Having on several occasions, in Algeria and the Crimea, and especially in Morocco, endured the pangs of hunger, and at last assuaged these by means of horse-flesh, he determined to devote himself to the propagation of hippophagia. Having obtained admission for this article of food into some of the garrisons, he induced the Société d'Acclimation and the Société Protectrice des Animaux to establish a "Horse flesh Committee," of which he was made secretary; and, numerous obstacles being overcome, a trial of the sale of this meat was allowed by the Paris Municipality, and a shop was opened for this purpose in July, 1876, and in spite of opposition of all kinds at first, the sale has continued to increase. This it has done also in the provinces, wherever the authorities did not impose vexatious regulations.

We need not transcribe the tables of annual consumption which are given ; but may state that during the first complete year, 1867, there we sold for food in Paris 2069 horses, 59 asses and 24 mules, viz., a total of 2152, furnishing 400,620 kilos. nett of meat. In 1879 these numbers had increased to 10,280 horses, 529 asses, and 26 mules, viz., a total of 10,836, furnishing 1,982,620 kilos. net of meat. The totals for the fifteen years and a half are 141,776 horses, 6034 asses, and 332 mules, viz., a total of 148,142, furnishing 27,209,760 kilos. net of meat. At Marseilles, Nancy, Rheims, Lyons and Toulouse there has been also an increase ; but nowhere in France has the sale assumed anything like the proportions it has in Paris. This seems greatly due to the obstructions which the municipalities seem to have the power of offering to its sale.

M. Decroix terminates his paper by enumerating the advantages which result from the use of horse-flesh:

1. The army may often derive great assistance from its use in seiges and other emergencies. The horses, too, that are dismissed, and even those of them that are incapable of any service wha ever, fetch much higher price, than formerly.

2. For the working classes. When the Horse-flesh Committee undertook the propagation of hippophagy, they had especially in view the interests of the poor and of the working-classes. Just as beef is always less dear than veal, so horse-flesh, which is inferior in point of taste to beef, will always be regarded only as an aliment of inferior quality, to be sold cheaper. A pound of horse-flesh may, at the present time, be bought for twenty-five or thirty centimes (five or six cents). The *filet* of horse-flesh, however, sells from 1 fr. 25c. to 1 fr. 30c., the half-kilo., (about 22 to 23 cents a pound) which is one-half the cost of *filet de bœuf*.

3. For the owners of horses. If the use of horse-flesh is of advantage to the working-classes, it is equally so for the proprietors of horses. Horses which were formally sold or given to the slaughterer, who even had sometimes to be paid for taking them away, will now fetch their 100, 150, or even their 200 frs. ($20 to $40). Each horse has, therefore, a mean value of 100 frs. for the meat he furnishes. Now, there are about 3,000,000 of horses, asses, and mules in France and Algeria, and, if we deduct a third of these as being unfit for consumption, we have 2,000,000 remaining, capable of furnishing meat that is entirely wholesome. Calculating each horse at 200 kilos., we thus obtain not less than 400,000,000 kilos. of meat, representing a value of 280,000,000 frs.

4. For worn-out horses. The Société Protectrice des Animaux had the question thoroughly debated, whether, as a matter of humanity, it should declare itself in favor of the hippophagic movement. It

decided affirmatively, on the ground that the animal is condemned to die, and therefore it is better to hand him over to the butcher when his work ceases to be remunerative, than to let him fall into the hands of the costermonger or the slaughterer. The Society also voted a donation of 1000 frs. (about $200) to the Horse-flesh Committee, and has awarded prizes to "hippic butchers" who have acted kindly to old horses.

THE FASHIONABLE CRIME.—The following from the *Country Practitioner* contains, with much that is unquestionable, a rather severe indirect dig at the gynæcologists. The specialists are only to a somewhat greater extent, perhaps than general practitioners, necessary evils. Their calling is an outgrowth of the necessities of the times, and the fact that their practice is so large, while doubtless due to a certain extent to the manner in which they, with specialists in general, magnify their office, is mainly due to the abuses which modern life and custom has subjected the uterus. Were the people to conform strictly to sanitary and hygienic law the occupation of the general practitioner would, like Othello's, be gone ; and were they, in addition to this conformity, to deal properly in their sexual relations, gynæcology would soon become one of the lost arts. The fact that the gynæcologists are becoming more and more numerous and prosperous only argues the degeneracy of the modern female, to whom the divine injunction to multiply is coming more and more to be regarded as a curse. The root of the evil lies deep and claims the attention of sociologists and the clergy rather than that of the physician:

"Every physician knows that the majority of the obstetrical cases occur in the lower classes, and knows equally well that the women in that class are generally unable, from want of means and large families of children dependent upon them, to remain a reasonable length of time in their beds or rooms. Many, in fact, are not attended by a physician at all. Are the most of the gynæcological cases found among this class ? If so, gynæcologists would not wax fat on the products of their labor, and it would not be so fashionable a part of medical practice. But the facts are the other way. The majority of the gynæcological cases come from the middle and upper classes. Those classes that either think that they cannot afford to have and raise children, or who think that child-bearing is degrading and unfashionable, and hence use every damnable practice that can be imagined to subvert the natural result of married life. I use the forcible adjective advisedly and in its scriptural sense.

Let the gynæcologists, when seeking cause for his patients, ask a few more questions, and his statistical table of causes will assume a very different aspect. Let him ask his patient what expedient she has resorted to to prevent conception. Has the natural process been shortened and the "seed cast on the ground?" Has she been accustomed to spring from her couch and douse the engorged uterus and vagina with cold water? Has she rejected her spouse until within a short period of her menstrual period and then submitted to his approaches when she had no sexual desire? Has she dosed with remedies calculated to do violence to the uterine tissues? Has she remained passively in bed after her labors, supplied with all the attendance and delicacies wealth and love could supply, keeping so quiet that the discharges remained in the vagina, and were the cause of at least partial septicemic poisoning? The questions are pertinent and will cause some changes in the Professor's conclusions. Our whole country is becoming gradually "foreignized" from a cause greater than the immense weekly immigration. The lower class of foreign emigrants do not interfere with the natural process, but increase and multiply so that their name is legion. American people suppress the family increase by every device that the arch fiend can suggest, and the Lord to punish them has sent among us a shower of (locusts?) gynæcologists. It is time that the medical press had laid hold of this matter. It is time that the mock modesty were laid on the shelf, and that the American people were awakened to the dire effect of such practices upon the race and the country. It is time that the clergy had laid hold of this worst of sins against God and man. Were I to start out to-day in search of a perfectly healthy woman, I should expedite the hunt by seeking first among the laboring classes, and, when found, I should not be surprised to find her surrounded by six or eight children, and that she had never been in her bed ten days after a confinement.

PILOCARPINE IN DIPHTHERIA.—Dr. George Guttmann, Cronstadt : Knowledge of the physiological action of pilocarpine and of its effect upon bronchial catarrh, giving rise to moist râles, led me to believe that admininistered in diphtheria, it might loosen the diphtheritic membrane through the induced abundant salivary secretion. The result of the proposed treatment was above all expectation brilliant and striking.

April, 1879, an entire family fell sick, one after another, with diphtheria ; three exhibited the severest typhoid symptoms. The second case I treated with pilocarpin in moderate doses. The next day I found a copious salivation, and fragments of the pseudo-membrane floated in the expectorated matters. Pilocarpin was administered also to the other five patients. In addition, the usual general treatment was followed ; quinine, tannin locally, gargles of lime water and pepsin. The patients recovered in from two to four days.

Since these first cases down to August, 1880, sixty-six cases of diphtheria (rachenbrune) have come under my care ; fifteen exhibited the worst of the diphtheritic symptoms, of which, according to my previous experience, at least two-thirds would have certainly died ; thirty-three would be termed bad cases, the membrane being extensive ; the remainder were slightly affected. I gave pilocarpin to all, only in the first case, quinine and gargles also, they recovered as a rule, in periods of time varying

from twenty-four hours to three days ; of the fifteen worst cases, two recovered in nine and eleven days, the rest in two to five days. All patients who came early under treatment while the pseudo-membrane was still loosely adherent, without exception, were cured in twenty-four hours. The doubt that these cases were not truly diphtheritic is not to be raised, since they were examined with the utmost care, and in the worst cases the contagion could be distinctly traced. Under the action of the pilocarpin, not only were the membrane and infiltration dissolved in the salivary flow, but also the violent inflammatory condition yielded to its influence, the deeply reddened, dry, mucous membrane soon became moist, pale red and in every respect of normal appearance.

Led by these result, I prescribed pilocarpin in violent pharyngeal cases, angina aphthosa and tonsillaris, always with most happy results, the disease yielding in a short time. In two cases of violent tonsillitis, in which the tonsills were so swollen that water could be taken only with great difficulty and sacrification was positively indicated, not only did the swelling disappear, but the entire group of inflammatory symptoms, the one in twenty-four hours, and the other in thirty-six.

In the few cases of membranous croup that have fallen into my hands during the past fifteen months, pilocarpin has proved a faithful ally, and I believe it will prove as effective as in diphtheria of the fauces.

Two cases of laryngitis stridula yielded promptly to the same drug, which is safer and more convenient than the usually prescribed emetic.

Others have used pilocarpin under my advice, and agree with me in maintaining its excellence in diseases of the nature described. In the administration of this remedy I combined pepsin to combat the gastric catarrh usually present. My formula is as follows:

℞ Pilocarpin muriat.....grams 0.02–0.04
Pepsin,..... " 0.6 –0.8
Acidi hydrochlor.....gtt. ij
Aquæ dest..... .....grams 80.0
M. Sig. A teaspoonful hourly for children.

For adults:

℞ Pilocarpin muriat.....grams 0.03–0.05
Pepsin ..... " 2.0
Acidi hydrochlor.....gtt. iij
Aquæ dest.....grams 240.0
S. Hourly, a tablespoonful.

I have never observed any undesirable effects of the drug even when it has been continued until completely recovered, possibly because I gave a small amount of generous wine after each dose.—(*Berlin Kin. Woch.—St. Louis Courier of Medicine.*)

Cadaveric Alkaloids.—The properties of the alkaline compounds which are formed during the decomposition of animal tissues have been the subject of an investigation by MM. Brouardel and Boutmy, which has been communicated to the French Association for the advancement of science. Such substances have been called *ptomaines*, and they have been found in the bodies of individuals who have died a natural death, and also in those who have been poisoned. In cases in which the tissues are to be subjected to chemical analysis, it is important to prevent the formation of these alkaloids, and the most efficient agent for this purpose is cold, and hence M. Brouardel has arranged for bodies which are to be subjected to analysis to be kept in the Morgue in chambers of refrigerated air. The "ptomaines" come into the general class of organic alkaloids, and many of them are most energetic poisons, others being quite innocuous. Although there are many distinct substances in the class, identical bodies are formed under very different conditions of putrefaction. The same alkaloid, for instance, was found in two individuals who were poisoned, the one by carbonic oxide, the other by prussic acid. A few are fixed, but the majority are volatile. A substance closely analagous to veratrine was found in a body which had been eighteen months in the Seine, and another in a goose which had been subjected to the heat necessary for cooking. Certain of these substances are clearly poisonous to man, and apparently cause the toxic effects which occasionally result from eating decomposing meat. Symptoms of serious poisoning occurred, for instance, in twelve persons who had partaken of a putrid goose which had contained a peculiar alkaloid, and one of these persons died in a few hours after nausea and vomiting. These poisonous substances may be quickly formed, for in this case the goose had been purchased in the market in the morning of the day on which it was eaten.—*Lancet.*

A Chinese Opinion of Western Medical Practice.—The *Foochow Herald* publishes the following translation of an article from a Mandrian organ. The portrait of the European practitioner of medicine is certainly not flattering:

"The reason why foreigners adhere to their own system is because they are well aware that China and foreign lands are different, that the constitutions of the people and medicines and climates are likewise different, that the countries are thousands of miles apart, the languages and tastes are also dissimilar, and that under these circumstances the medical practice cannot be the same. Otherwise, with their intelligence, western nations would have had no difficulty in learning anatomy on Chinese principles, and would have adopted our ancient system. It is because they do not understand our principles that they retain their own medical science for their own use. But our people do not understand the foreigners' principles, and we do not want to borrow foreigners' science to cure us. In so doing we are stupid and mistaken, whether that science be good or bad. As people say, they are foolish doctors who cheat others. Because they know nothing of the pulse, they delight to copy foreigners who pay no attention to the pulse ; because they know nothing of the nature of drugs, they delight in western science, which does not enquire into the nature

of drugs. They (the foreigners) force upon their patients pills, powders, plasters, and potions, without knowing anything about them. They never adopt the plan of writing out descriptions of cases. In their surgical practice they cut, slice, chop and hack in the cruelest manner. They perform the most horrible and disgusting of operations with the monchalance of a juggler playing with his ivory balls, utterly regardless of their patient's life. The proverb that it is no good to cure a disease if you kill your patient applies to them thoroughly. These doctors are just like executioners, except that the latter kill by order those who ought to die. The former with a turn of the wrist calmly and coolly kill those who have done no wrong, but have merely asked to be cured of some disease. Neither heaven nor mankind can be insensible to this, which is insupportable if there be anything that is insupportable. The desire of heaven and earth is to give life unto men ; the wish of princes and rulers is to preserve it. These people make a business of killing men, and do so under the pretence of saving their lives. They should be happy that they are able to remain upon the earth."

Solid Facts.—The practice of medicine, gentlemen, is business, and if you would preserve its vigor, with the full flow of its vitality, it must be made business. Nine-tenths of the gratuitous service rendered by physicians of the Cotton States, is a monstrous mistake.

It not only impoverishes the profession, lowers its dignity and impairs its capacity for usefulness, but it fixes a premium on idleness, and fosters dishonesty among its beneficiaries.

Nine-tenths of the white people of the cotton States are able to pay a reasonable compensation for such medical s rvices as they require.

They pay lawyers, merchants, and mechanics; railroads, theatres and clowns; traveling quacks and advertising imposters, while they too often pay the educated, competent, and conscientious physician, the empty compliment of being the minister of charity.

It is in the nature of man to lightly estimate that which costs him nothing. The great Philosopher of the Muse, in the advice of Polonius to Laertes, says, "For loan oft loses both itself and friend." Hence it is that toilsome bounty of professional benevolence so often evokes no other requital upon whom it is bestowed.

The physician owes nothing in charity to society by virtue of his occupation; he owes as much as any man so far as the demands of honesty, humanity, benevolence and christianity extend, but no more.

The government of Nations, States and Municipalities, should be compelled, by law, to provide for their indigent and helpless; and nothing would go further towards establishing such a just and equitable state of society than the organized and rigid exercise, by medical men, of their reserved rights in reference so public charities.—*B. F. Ward, in Miss. Transactions.*

Early Rising.—Of course the majority of the busy members of the community have been "away for change of air and scene," and, equally, of course, the majority have derived substantial benefits—not at the moment apparent, perhaps, but to be evidenced, in better health or more energy, presently. This is, therefore, a good time to speak of such reforms in the management of self as may be expedient. We venture to suggest that those who have not yet made a fair trial of the practice of early rising should do so. With a cup of tea, and perhaps a single slice of bread and-butter, to wake him at 6 or 6:30 in the morning, a fairly healthy man may go to his study, and enjoy the priceless luxury of two or three hours of work, when his brain is clear and the distractions of the day's ordinary business have not begun to assail him. The practitioner of an applied science, such as medicine, is especially in need of time for reading and quite thought. In the active hours of the day this is denied him. At night he is, or ought to be—but for the bad habit of reading by night, probably formed in student days—too weary in mind and body to do good work. In the early morning, with his brain recuperated by sleep, and his whole system rested, he is especially fit for labor. Those who do not feel thus on awakening are either the subjects of some morbid state, or the slaves of a habit which, however common, is essentially unnatural. Some of the difficulties which beset the task of early rising are due to want of method in the act of "getting up." It is comparatively easy to rouse one's self instantly, but to not a few of us it is extremely irksome, and almost impracticable, to rise slowly, that is, taking time to think about it. The man who *really* wishes to rise early should get up the instance he wakes, and, if weakly or over forty years ago, instead of plunging into cold water or applying cold to the head to rouse himself, he should, as we have said, take a cup of tea or milk to stimulate the organism before expecting to elicit a reaction by a powerful depressant such as the cold bath or douche. Many persons make a mistake in this matter, and by taking their bath immediately after getting out of bed, lower the vitality instead of raising it. In certain cases it is better to leave the bath until after a walk or a spell of work has thoroughly awakened the organism and called out its energies. Experience in relation to this and other matters must differ as widely as constitutional peculiarities diverge; but speaking generally, the early morning is the time for serious work,and those who do not so use it find a poor substitute, and one which is by no means hygienic, in the late hours forced upon them. A man cannot get up early if he goes to bed late; but as between the two extremes of the day, the morning is, on all accounts, the best for brain exercise.—*Lancet.*

How Emotions Affect the Judgment.--Thought and feeling cannot be completely dissociated. Each emotion has a more or less distinct framework of ideas ; and each group of ideas is more or less suf-

fused with emotion. There are, however, great differences between their degrees of combination under both of these aspects. We have some feelings which are vague from lack of intellectual definition ; and others to which clear shapes are given by the associated conceptions. At one time our thoughts are distorted by the passion running through them ; and at another time it is difficult to detect in them a trace of liking or disliking. Manifestly, too, in each particular case these components of the mental state may be varied in their proportions. The ideas being the same, the emotion joined with them may be greater or less ; and it is a familiar truth that the correctness of the judgment formed depends, if not on the absence of emotions, still, on that balance of emotions which negatives excess of any one.

Especially is this so in matters concerning human life. There are two ways in which men's actions, individual or social, may be regarded. We may consider them as groups of phenomena to be analyzed, and the laws of their dependence ascertained; or consider them as causing pleasures or pains, we may associate them with approbation or reprobation. Dealing with its problems intellectually, we may regard conduct as always the result of certain forces ; or dealing with its problems morally, and considering its outcome as in this case good and in that case bad, we may now allow admiration, and now indignation, to fill our consciousness. Obviously, it must make a great difference in our conclusions whether, as in this one case, we regard men's doings as those of alien creatures, which it merely concerns us to understand; or whether, as in the other case, we regard them as doings of creatures like ourselves, with whose lives our own lives are bound up, and whose behavior arouses in us, directly and sympathetically, feelings of love and hate.—From "The Development of Political Institutions," by Herbert Spencer, in *Popular Science Monthly* for November.

Professional Aphorisms.—(*Lyon Médical* from *Union Médicale*) Would you rid yourself of a bothersome patient ? Send him your bill.

The patient who pays his physician is exacting only ; the one who does not pay is a despot.

The physician who waits for his fees, trusting to the spontaneous gratitude of his patients, resembles the traveler who waited for the river to stop running so that he could cross.

Exaggerated fees always turn to the confusion of the art and those who practice it. A rich man upon whom a surgeon had just performed a serious operation, received from the latter a demand for an enormous sum. "You ought to have warned me," said the sufferer, "that your way of carrying on your trade is to demand 'your money or your life."

When we reflect on the stupid credulity of men in relation to medicine, we ought not to be so much astonished that there are so many charlatans as at the fact that there are still so many honest people among the doctors.

A society lady, noted for her levity, asked her physician how many doctors it would take to make a scholar. He replied, just as many as it would take of lovers to satisfy a coquette.—*St. Louis Clinical Record.*

Pleasant for the Children.—A reviewer in the *Louisville Medical News* discourses as follows regarding certain opinions of Dr. Rumbold: "Candies, cakes, and pastries should be prohibited, says Dr. Rumbold, and in this advice he is sustained by popular prejudice and the common voice of the profession. On this point experience has convinced us that Dr. Rumbold is utterly, totally wrong. The natural appetite is seldom a false guide in diet, either in sick adults or children.....The craving for candies, cakes, and pastries, as well as for fruits, is natural, physiological, and should be gratified. If such appetite is excessive and excludes totally meat diet, then the ferruginous and bitter tonics, and sun and air, and not deprivation of one class of food and compulsion of the other, are the proper measures for the welfare of the patients."

The disfigurement produced by gunpowder accidents in which the particles are imbedded beneath the skin, may be removed, it is said, by free vesication and removal of the epidermis.

Apropos of the constantly increasing bad smells in which various quarters of Paris abound, a late number of the *Charivari* depicts a gentleman in the country standing over a manure heap inhaling its emanations. He replies to his son when asked by him what he is doing there, "Going into training for a visit to Paris."

Apropos of the muddle at Guy's Hospital which has lately been exercising to such a degree the profession in England, *Punch* remarks very sensibly, as well as naively: "A committee charged with the management of a hospital ought to be in some measure capable of understanding matters of medicine and surgery ; but how can it when it does not comprehend a doctor?"

A correspondent of a daily paper makes the following pity comment on the drainage and water supply of some parts of the country: My experience of country places points to the blunt truth of a remark I once heard. 'A man buys a plot of land, builds a house, and digs two holes; out of the one he drinks and into the other he casts all manner of dirt and refuse."

Dr. Bigelow, of the Massachusetts General Hospital recently removed a calculus measuring $3\frac{3}{4}$x$3\frac{1}{2}$x3 inches, and weighing 6166 grains. An attempt was made to crush the stone (litholopaxy) but it proved too large and too hard for the instrument, and it was found necessary to cut. The patient, a factory-engine fireman kept at his work until within three weeks of the operation. This calculus is one of the largest on record.

In the *British Medical Journal* we read that "a summons was applied for, at the Marlborough street

police court, against a Miss Houghton, practising as a 'healing clairvoyante' spirit medium, for obtaining 2s. 6d. for pills, which she pretended had been spiritualistically prescribed for a person suffering from neuralgia, which turned out to be formed of sugar only. The summons was granted. So much is there in a name. The pills were apparently homœopathic globules, and had this in cautious person invoked the name of Hahmemann only, and spoken mysteriously of potentizing and dynamizing by trituration, she might have risen to much honor and profit."

Book Notices.

A Treatise on Diphtheria. By A. Jacobi. M. D., Clinical Professor of Diseases of Children in the College of Physicians and Surgeons, New York; Physician to Bellevue, Mount Sinai, and the German Hospitals, etc.
New York: Wm. Wood & Co.; Detroit: Thorndike Nourse.

A very valuable qualification of an author is his ability to write a preface to his book. In these days of many books a truly valuable work may suffer as to its popularity through not having its aim, object and nature concisely defined at the beginning. Busy men have not the time to plod through a volume simply to find out what is in it, and it is a duty the author owes both his publisher and the profession to state concisely what his book treats of. Dr. Jacobi has the faculty of writing a good preface and we quote from it: "While thus admitting the claims of the practitioner as paramount, I was ever of opinion that a careful physician and therapeutist required the very latest and soundest results of exact scientific investigations as the foundation and safeguard of practice. For the physician's science is no longer mere formula, and his art no routine. As the important questions of the identity and non-identity of "croup" and diphtheria, and of the parasitic or chemical nature of diphtheritic poison are not yet settled to the satisfaction of all, their discussion is still in order. I am bound to say, however, that anxious though I be for a possible future success of a parasitic theory of nosogenesis, I have not been able to change my attitude in regard to the prevalent bacteria doctrine of diphtheria. I cannot look upon the bacteria epidemic in the medical journals, particularly of Germany, with the hasty conclusions and gratuitous assumptions of scores of experimenters and writers, as any thing but a calamity, which, I trust, is but temporary. The safest verdict of the sober critic is still: 'not proven.' Fortunately, the non-acceptance of the bacteria doctrine does not at all interfere with the success of the rational practitioner."

Dr. Jacobi's opportunities for observing diphtheria have been very great and he speaks from actual experience and observations regarding the different lines of treatment discussed. At the risk of being lengthy in this notice we must quote his remarks on the benzoate of soda treatment which has within a year or so created such a furore; they contain beside some remarks of general interest: In regard to its effects as a medicinal agent, I never expected much. The parasitic school of pathologists have been remarkably hasty in their literary productions, as is well known. The journals of the past ten years are flooded with superficial observations, insufficient experiments, and immature conclusions. "Preliminary communications" of any length, and long articles, at the close of which the very writer says that his experiments prove nothing (compare, for instance, Miflet in F. Cohn's Beitr., 111., 1879), abound. Thus journalism, and mainly in regard to those branches which boast of being exact, has become rather flimsy and flighty. The worst feature of this tendency in medical literature consists in the fact that the men who have to rely on their senses mostly, in their special investigations—mostly microscopical—finally rely on their senses only. When they see benzoate of sodium destroying bacteria in a glass vessel, they not only take it for granted that bacteria are the infectious disease, but also that the human organism will permit of the same action on the part of the antiseptic medicine as the glass vessel. Thus benzoate of sodium is sent into the stomach, or into a pulmonary cavity, under orders to do the same work that it does in the laboratory. The drug has in consequence had a short life, after having been extolled in a very limited time by microscopists, Russian diplomats, and the public in general. Clinicians tried it, but have soon learned not to trust it much * * * *. As an anti-diphtheritic, or even as an anti-febrile remedy, it cannot be trusted."

We regard Dr. Jacobi's work as one of the most valuable which has recently appeared on its subject.

A Practical Treatise on Surgical Diagnosis, Designed as a Manual for Practitioners and Students. By Ambrose L. Ranney, A. M., M. D. Adjunct Professor of Anatomy and late Lecture on the Surgical Diseases of the Genito-Urinary organs and on Minor Surgery in the Medical Department of the University of New York etc., etc. Second Edition, enlarged and revised.
New York: Wm. Wood & Co.; Detroit: Thorndike Nourse.

One practitioner is more successful than another in proportion as he is a better diagnostician. All divisions of practical medicine are subservient to diagnosis. The ability to fix definitely the seat and nature of the disturbance known as disease is the highest and most essential achievement of medicine, for what does is profit to have all knowledge of drugs and of disease, and all skill with the knife, unless there is conjoined with these a knowledge of seat of the affection and of the nature of the change taking place.

In our opinion we are lacking in such literature as is distinctively devoted to this branch of medicine, and we are, therefore, pleased to notice the appearance of Dr. Ranney's work, which although in its second edition has been before the profession only a little over a year, and is new to us as it doubtless is to most of our readers. It treats systematic

ally and in the order in which they are mentioned, of the diagnosis of the following: Diseases of the blood-vessels; diseases of the joints; diseases of bone; dislocations; fractures; diseases of the male genitals; diseases of the abdominal cavity; diseases of the tissues. Particular attention is given to the differential diagnosis, the point of difference in affections presenting a general similarity being tabulated and placed over against each other. The general practitioner, whose liability to prosecution for malpractice, after the treatment of fractures and dislocations, is so great, and who is, moreover, quite liable to error in diagnosis in such affections, cannot do better by way of fortifying himself against costly litigation than to read carefully and study well a work like that before us. What Da Costa's Medical Diagnosis is to medicine, Ranney's Surgical Diagnosis is to Surgery.

Treatise on Therapeutics. By A. Trousseau and H. Pidoux. Translated from the French by D. F. Lincoln, M. D. Ninth edition revised and enlarged, with the assistance of Constantine Paul. Vol. III.
New York: Wood & Co.

This is another volume of Wood's Library of Standard Medical Authors for 1880. We took occasion on the appearance of its first volume in this series, to express our opinion of Trousseau and Pidoux's great work on therapeutics. A somewhat more critical examination of the work since then has but strengthened our favorable impression of it. In Wood's edition all pharmacy and materia medica is excluded and attention given solely to therapeutics. A feature of the work is the chapters at the close of each of the heads, devoted to the general consideration of the subject embraced under the preceding head. In the volume before us the chapters on General Antispasmodic Treatment, Neurosthenic Tonic Treatment, and Excitant Treatment in General, should not be missed by any general practitioner. For the philosophic discussion of the application of remedies to conditions rather than to special diseases this work is unequaled.

Hand-Book of Chemical Physiology and Pathology with Lectures upon Normal and Abnormal Urine. By Victor C. Vaughan, M. D., Ph. D. Lecturer on Medical Chemistry in the University of Michigan, Managing Editor of the Physician and Surgeon; author of "Osteology and Myology of the Domestic Fowl," etc. Third Edition, revised and enlarged.
Ann Arbor: Ann Arbor Printing and Publishing Company.

We had occasion to express our views as to the value of this work and its adaptabitity to the student on the appearance of a former edition. The fact that this third edition is called for so soon after the first issue of the work is the most conclusive testimony to its popularity, at least, and popularity now-a-days as regards works of this nature, argues merit. Dr. Vaughan being a practical teacher has made such selections from the standard authors as his experience has taught him are best suited to the student, and has supplemented these by additional points from his own observation. The result has been a very valuable book for the student of the subjects on which it treats.

The Medical Record Visiting List, or Physician's Diary for 1881.
New York: Wm. Wood & Co.; Detroit: Thorndike Nourse.

This is a very neat and convenient list,—the most handsome in its mechanical make-up of any that we have thus far seen this year. It contains the usual dose list, antidotes to poisons hints for emergencies, etc., and in addition contains a guage for urethral sounds,—French and American scales. The latter is quite an attractive and useful feature.

Original Articles.

Notes and Comments on Cases from Private Practice.—Constipation.

In a previous article, some months ago, I suggested a number of constitutional disturbances due to that condition of intestinal inactivity which permits of an accumulation of such products of waste and such indigestible material, as it is the function of the intestines to carry off. In view of the prevalence of constipation with its indirect dangers and direct inconvenience to the afflicted, any certain means of relief would be a great boon to humanity. So long have men suffered from constipation and so long have physicians essayed to give permanent relief that any one now claiming to supply the desideratum would very naturally be regarded with suspicion. To disarm this suspicion, therefore, I would submit that I do not offer any specific nor promise any certain cure. There are, however, certain remedies and certain methods which experience, both personal and as observed in patients under treatment, justifies me in speaking of with no ordinary degree of confidence.

To succeed in permanently relieving the constipated habit it is necessary to bear in mind the normal conditions of fæcal evacuation: a proper quantity of secretion from the intestinal glands, and from the larger glands emptying into the tract, to secure the proper digestion and fluidity of its contents, and a proper activity and tonicity of the peristaltic motion of the parietes of the intestines. Any treatment failing to take all of these into consideration must necessarily be uncertain. A cholagogue may succeed in temporarily relieving the trouble, and so may a hydragogue cathartic, but this action cannot, in the very nature of things, correct the fundamental cause. The first thing, therefore, to be done in commencing the treatment of a case of constipation is to interrogate the liver. Does that organ properly perform its function? I will not stop here to indicate what answers are necessary to decide this question. If it does not, all attempts to correct the constipated habit will be futile. The inactivity of the liver may be due to a variety of causes : perhaps the patient indulges habitually in alcoholic beverages ; perhaps his habits are sedentary and the organ does not receive that amount of passive exercise which it seems to require. In such cases the requirements are obvious. To secure exercise for the torpid liver horseback riding has been warmly recommended, and is one of

the most valuable methods. But to prescribe this in all cases would be too expensive for some. I advise a substitute, which, while costing nothing is probably more efficient. The patient is advised every morning immediately on arising to drink a cup of cold water, immediately after which he goes through the following movements : Place the right foot on a line with the left and the length of an ordinary step in advance. Raise both arms above the head, then bending forward touch the floor with the knuckles of the closed hands. This motion is repeated from thirty to a hundred times. The left foot is then advanced and the same movements repeated. There is no form of exercise, in my own personal experience, which more effectually stimulates the liver. At the same time it is the most effectual movement for exercising the abdominal muscles, which bear no unimportant part in the act of defecation. Where constipation is owing solely to torpidity of the liver, with no organic change due to the prolonged intemperate use of alcohol, or other cause, this simple expedient will be followed by excellent results. The exercise should be immediately followed by an effort to evacuate the bowels, regularity in which effort is very necessary. When it may be deemed necessary to call in the aid of drugs the following pill will be found valuable :

℞ Irisin..... ℈i.
Euonymin..... .. ..℈ij.
Saponis..... .℈i.
Ext. Hyoscyami.....℈ss.

Mix. ft. pil. no. x x.
Sig.. One 3 times a day if necessary.

This combination is an undoubted hepatic persuader.

Constipation is, however, most generally due to the association of hepatic torpor with a lack of proper contractility in the muscular parietes of the intestines. All the functions of the body are the resultants of stimulating forces. The heart and brain themselves, those royal organs, are no exception to this rule, and when the blood, the contact of which with their structure causes them to act, is not properly charged with red blood corpuscles,—the oxygen-bearers—their action is weak and irregular and unsatisfactory. But the stimulus may not be wanting and still the tissue does not respond sufficiently to the performance of its function. In such cases the cause is in the muscular structure of the organ itself—its excitability has, in conformity to the universal physiological law, been impaired or exhausted through over-stimulation. This is the condition which essentially obtains in constipation, when the cause is referable directly to the intestine. Perhaps through an inordinate appetite too much food may, for an indefinite time, have been ingested, and the intestine has been exhausted by its efforts to dispose of it. Perhaps the promptings of nature have been habitually disregarded and the fecal accumulation having been denied egress has ascended from the rectum, (as it is now known it will do under such circumstances,) and overloading the colon causes actual distention of the bowel, thus impairing its excitability. These, briefiy, are the common causes of impairment, of the weakness and lack of tonicity in the non-striated muscular tissue of the intestinal tract—the bowel like the bow which is never unstrung has lost its inherent elasticity or tonicity. Successful treatment in such cases consists in restoring this impaired tonicity.

It becomes us to enquire what is the precise condition of affairs in such cases ; this is necessary before the remedy can be suggested. We know that the nonstriated muscular system is presided over by the great sympathetic nervous system and that its tonicity is largely, at least, dependent on the proper working of this system. This tissue has also an inherent contractile power, a power independent of nervous connection. The remedies to be employed in the chronic constipated habit due to a condition of the intestines themselves must be of such a nature as will operate through these two medicines—the nervous supply and the muscular tissue itself. Our knowledge of the physiological action of drugs places remedies of this nature in our hands. Among these are ergot, nux vomica and belladonna. Another drug which has excited no little attention within the past few years is a species of the rhamnus, the rhamnus Purshiana. I am not aware that any physiological experiments have been made to determine its precise action on nonstriped fibre, but experience in its use in constipation leads me to believe that it combines with the laxative and cathartic properties of the rhamnus family, a tonic influence over the muscular tissue of the intestinal parietes. In no other way can I explain the fact that its laxative influence is not succeeded by the condition of aggravated inactivity of the bowels following the employment of other laxative or cathartic agents. It undoubtedly acts as a stimulant tonic of the intestines, and is a valuable agent in the treatment of chronic constipation. I have employed the following combination with no equivocal benefit in this class of cases :

℞ Ext. Ergotæ Fluidi .... ʒ vj.
Ext. Rhamni Purshianæ Fluidi... ℥ ij.
Ext. Belladonnæ Fluidi..... ʒ jss.
Tr. Nucis Vomicæ..... ʒ vj.
Glycerinæ q. s. ad.... ..... ℥ vj.

M. Sig. A teaspoonful (+ or —) 3 times a day.

Usually the addition of irisin and euonymin will be necessary for the torpidity of the liver.

In giving this mixture it is necessary not to produce catharsis. The dose should be increased or diminished so as to secure as nearly as possible a natural evacuation, and under no circumstances should a very gently laxative effect be exceeded.

The chronic constipated habit is a condition for the relief of which time is necessary, and months, and perhaps years, may be required. The patient should be impressed with this fact at the beginning, and enjoined to patience. He must learn to take his medicine with the same regularity that he takes his food, and to feel that it is equally necessary. If

he will observe the necessary conditions as regards exercise, diet, regularity in time of seeking evacuations, etc., he may by persistence in the use of the above mixture be promised ultimate relief from his annoying and to a great extent dangerous condition.

Craniotomy with a Jack-knife.

REPORTED BY AUGUSTUS KAISER, M. D., DETROIT, MICHIGAN.

On the 22d of March last Dr. John Georg, of this city, called at my office requesting me hastily to accompany him to a critical obstetrical case. I immediately went; on arriving I found that the patient, Mrs. L., had already been in labor for forty-eight hours. A midwife had been attending to her previous to Dr. G's visit, which was but half an hour before my call.

I examined the lady and found that she was fairly in the second stage of labor. The vertex presented with the occiput at the symphysis pubis. I found want of proportion between the fœtus and the pelvis, the head being abnormally large. The vagina was swollen and inflamed and there was also considerable hæmorrhage. The lady, as may easily be imagined, was utterly exhausted; pulse 140 per minute and very feeble. I first attempted delivery with forceps but failed. From the fact that I found no fœtal movements, no pulsations of the fœtal heart, and abundant discharge of meconium per vaginam, etc., I satisfied myself that the child was dead. Here I found myself in considerable of a predicament. The attempted delivery with forceps had failed; the lady was at the point of death. The child being dead, craniotomy, under the circumstances, became necessary. I was a mile from my office without any of the necessary instruments for the operation, nor was there time to send for them on account of the low condition of the patient. In this emergency I remembered the late Dr. Crosby's adventure in which, the suitable surgical instruments not being at hand, he amputated a man's leg with a butcher knife and a hand saw. Putting my hand in my pocket, I took out my knife and examined it. It was a knife measuring about five inches in length when opened. With Dr. G's approval I at once concluded to convert it into a perforator. I placed the blade between the index and middle finger of the right hand, the heft resting against the palm and introduced it, pressing gently against the heft with the thumb of the left hand. As soon as I struck the head with the point of the blade I pressed it firmly into the cranium. I then introduced the index and middle finger of the left hand, and with the right hand I grasped the handle of the knife, and by a sawing movement carefully following the blade with the fingers of the left hand, I excised a piece of the cranium about one and one-half inches in diameter. I then introduced one blade of my obstetrical forceps into the opening thus made, and scooped out the brain. Hereupon I applied the forceps and effected the delivery in the usual manner. The whole operation lasted four and one half minutes, by Dr. G's watch.

The lady suffered for some time from endometritis, which, however, yielded to opium, quinine and iron, and a few weeks ago I had the pleasure of seeing her in my office in perfect health and spirits.

It is not from any egotistic motive that I have concluded to report this case, but simply to show what extraordinary means a physician may be called upon to employ in a sudden and unprovided for emergency.

446 Gratiot Ave.

Muriate of Ammonia in Certain forms of Intermittents.

BY A. G. SMYTHE, M. D., BALDWYN, MISS.

In the NEWS, of the 10th ult. there is an article on "An Anomalous Eruption." Cases of intermittents, of the type there reported, have become of so frequent occurrence in this region, that they have ceased to create the excitement they at one time did; they are now a source of annoyance to patient and practitioner. In certain persons or what is more likely in certain conditions, the administration of quinine aggravates the rash, and it may be causes it to appear where is a predisposition from other causes. There has been a disposition in certain quarters, to charge quinine with causing the rash in certain idiosyncrasies. At one time I was of opinion that it did, but upon further observation, now suppose that it only acts as an excitant when the cause already exists temporarily, and not permanently. Yet I know a number of persons who can not take it, without the rash following provided there is any fever, but have no experience in subjects, free from fever. I will try the experiment in the course of a few months.

As to the cause of this peculiar condition, be it casual or permanent, no theory is suggested, except, that it is merely an assumption, without experience or observation, that it is caused by some nephritic or urinary derangement. To avoid the liability of causing this very disagreeable affection, in all the subjects, who are known to be liable to be attacked by this peculiar rash when suffering with intermittents, (I have several such patients, my son being one), I have for many years, substituted the hydrochlorate of ammonia, in powder, with the most happy and successful results. Fifteen grains, every two hours commencing eight or ten hours before the return of the paroxysm, four or five doses generally answering for the time, to be repeated for two or three days, thereafter in the same way.

A significant article by the Hon. George S. Boutwell in the *North American Review* for December, entitled "The Future of the Republican Party," is sure to arrest public attention. Written after the result of the recent elections had been ascertained, this artice defines the position which the Republican

Party is, in logic and in policy, bound to assume toward the Southern States. The other articles in the December number of the Review are: "The Discoveries of Olympia," by Prof. Ernest Curtius; "Rational Sunday Observance," by the Rev. James Freeman Clarke; "Southern Statesmen and their Policy," by the Hon. John Jay; "The Ruins of Central America," by Désiré Charney; "The Distribution of Time," by Leonard Waldo; "The Public-School Failure," by Richard Grant white; "The Validity of the Emancipation Edict," by Aaron A. Ferris. For sale by booksellers and newsdealers generally.

Selections.

Treatment of Sprains by Massage.—Dr. Berenger-Ferand, an old army surgeon, in his study, tells us of four hundred sprains which he treated successfully with massage. He speaks as follows:

I think it necessary to tell in detail how, in my opinion, a person ought to proceed when he undertakes to treat a sprain by massage, for it is by indicating very clearly the manner of proceeding which has succeeded, that those who are beginners are put under the best conditions to obtain a success, at the first essay which they may make of the method. Let us suppose that we have a sprain of the foot. After we have arrived beside the wounded, and note, in beginning, that the nearer the massage is to the moment of the accident the shorter is the treatment, we make him sit upon a chair, if he was up; we seat ourselves in front of him, and make him put his injured foot upon our knees. If, on the contrary, the subject was lying down, it suffices to uncover him, and, if need be, to unbandage him in order to make a diagnosis. This diagnosis being established—that is to say when we have found out that we have to do with a sprain, slight, medium, intense, or complicated—we proceed to the manipulations. We begin by making on the dorsal face of the foot, going from the root of the toes to the leg, following the direction of the extensor tendons, passes, as light as possible with the pulp of the four last fingers, anointed from time to time with some fat body—olive oil for example. These frictions, which ought always to be directed from the extremity towards the root of the limb, and never in a contrary direction, are extremely light; they begin quite far above the painful part, and are prolonged as far below. They ought not to be painful; and in the cases in which, in spite of their extreme slightness, the subject finds them too painful, it would be necessary to begin at some other region, leaving the dorsum of the foot to return to it when the sensibility will be a little blunted by the massage.

Little by little the pressure is augmented, and at first the pulp of the four last fingers of both hands, then that of the two thumbs, intervene, according as the contact is less painful for the patient. A few minutes after beginning, in general, one may press very notably on a place which at first could not support the slightest friction without suffering. Soon after it is a veritable friction, quite strong, that we may practice, in taking care to have recourse to the fat body to protect the skin of the patient, which would not be slow to become excoriated if it was massied dry, and the pulp of the fingers feels a sort of peritendinous œdema which one makes mount upwards little by little above the ankle, as far as the fleshy portion of the extensors of the toes and of the anterior tibial.

According as the contacts are less painful, we cause slight movements to be executed upon the articulations in the neighbourhood of those which are injured, and one arrives thus little by little to those in which the sprain has spent most directly its effects. These movements are very gradual; imperceptible at first, they go on little by little increasing, until at the end of the *séance*, which it is necessary to prolong willingly, pain being always very carefully avoided, we cause the part to execute all its physiological movements in their greatest amplitude.

At certain moments we may feel under our fingers substances like small nodosities, more or less voluminous, large as a lentil—nodosities at first fixed, afterwards movable, of which the patient is conscious, and which give an impression of pain when pressed a little forcibly. It is necessary to pass the fingers with persistence over them, taking care to do so lightly enough not to make the patient suffer; and, moreover, must be mobilized little by little—at first to chase them very gently, afterwards as far as the fleshy portions of the extensor muscles of the toe and the tibialis anterior.

At the end of a time which varies from one to five minutes, friction may be applied with greater and greater force, and soon strong pressure provokes no sensible pain. This is the moment to leave this portion of the foot to mass either the more external part or the internal part, by passing then along the border of the foot as far as the malleolus, which is turned in such a manner as to follow either the tract of the peroneal tendons or that of the muscles of the posterior tibial region. We act upon each of these regions, as I have said previously, going from the lightest rubbing to vigorous friction, taking as a guide the impressions made upon the patient, and taking great care not to hurtle against an osseous eminence.

The *séance* ought to continue until all feeling of distress and pain have disappeared. When the operation is once terminated a retentive apparatus is applied.—*L'Union Méd. du Canada.—Canada Journal of Medical Science.*

Chronic Hypertrophy of the Tonsils.—Dr. Penrose's treatment of these cases is both general and local. He regards the general or constitutional treatment as very important, particularly as such patients are generally cachectic. Unless this general treatment is rigorously carried out,

the local treatment is of no avail. The first thing to be done is to remove any bad hygienic surroundings which may exist. He then begins with mercurial purgatives and revulsives. He gives from the one-twelfth to the one-half of a grain of calomel every two hours, in a little sugar, until the child has from three to six movements every day. This calomel treatment is continued every two or three days for several weeks. At the same time, as a stimulant to the system, the child's whole body is thoroughly rubbed with hot whiskey before going to bed. If the patient is decidedly weak, one fluid-drachm of brandy, well diluted, is given internally from three to six times daily. Patients have been kept upon these daily rations of stimulants for weeks at a time. Rubbing the body with hot whisky has been followed by the most excellent results. The other items of the constitutional treatment consist in the use of from three to six grains of quinia daily, and from five to ten drops of the tincture of the chloride of iron, from three to four times daily, in water. At the same time the child is fed up well with plenty of good soup, milk, eggs, and the extract of malt. The object is to rebuild the whole fabric of the body at the same time all the diseased products are being removed in the alvine evacuations.

The local treatment is regarded as very important, but the local treatment is of no avail, unless the constitution is regenerated by means of the remedies already indicated.

If the inflammation and hypertrophy are considerable, Dr. Penrose is in the habit of applying a solution of nitrate of silver (sixty grains to the fluid ounce of distilled water) to the parts by means of a brush. The application is made carefully and thoroughly. A small brush is used, and care is taken not to catch up to much of the astringent solution on the brush. The effort is made to secure the child's co operation, and great care is taken that the brush is properly secured to its handle.

Powdered alum has been found to be another very excellent application in these cases. The following formula is ordered:

℞ Pulv. alum..... ʒ ij
Sacchar..... q. s.
M. et in chart. No. xx. div.
Sig. One powder every two hours.

The child is taught to take a pinch of the powder every now and then, and not to swallow the whole thing at once; this with a view of prolonging the contact of the medicine with the diseased tonsils. When the child is large enough, lozenges of the chlorate of potassium are often very efficient.

Another mild but excellent local application is the tincture of the chloride of iron with glycerine, one fluid ounce of each being applied by brush, once or twice a day. But very few cases resist this combined treatment. The constitutional treatment is kept up until the tonsils have been reduced to their proper size.

If the child is pigeon-breasted, a great deal has been accomplished by careful gymnastic training. Dr. Penrose is very much in the habit of recommending the use of the three-wheeled velocipedes for the purpose of developing the chest, or, as a systematic item of treatment, he has the child stand with its back against a wall, tells it to take a full breath, and then, when its lungs are fully expanded, institutes firm pressure against the sternum.—*Medical Record.*

Treatment of Scarlet Fever by Warm Baths.—The following communication from W. Vawdrey Lush, M. D., physician to the Dorset County Hospital, appeared in *The Lancet*, August 14th, 1880:—

In December, 1869, while we were experiencing a very severe epidemic of scarlet fever, there appeared in *The Lancet* a reprint of a letter by Dr. Charles T. Thompson, strongly advocating the use of warm baths in this disease, and stating that he had pursued the practice for fifteen years, and had never lost a patient.

In consequence of this communication I commenced this practice ten years ago, and have followed it from that time to the present. At first I order the patient to have three warm baths daily, to be kept in from three to five minutes, rapidly dried, wrapped in a blanket, and returned to bed. As the disease subsides, I reduced the baths to two or only one daily. I find that—1st, is brings out the rash; 2nd, reduces the temperature; 3rd, soothes the patient; and when this treatment has been adopted at the onset, I have as yet not lost a single patient.

In one case the warm bath was objected to till the child had been ill some days, and this case, and this alone, proved fatal.

My friend, Dr. Alfred Hollis, of Freshwater, has told me of the great comfort he himself experienced from warm bathing when suffering from the disease; and, of course, in the treatment neither medicine proper nor good nursing is precluded.

Some of my readers may recollect a case of smallpox published by the late Dr. Stokes, of Dublin, where the warm bath proved singularly beneficial, and who doubted not that the mortality in smallpox hospitals would be greatly diminished by the use of the bath. The case I refer to was that of a medical student, in which "the pustulation was almost universally confluent; the purulent matter highly putrescent; the hemorrhagic state developed, the body one universal ulcerous sore, and the blackness of the worst purpura developed; the odor of an intensely pungent and offensive character, which seemed to pass through the bystander like a sword. Stimulants alone, freely and constantly employed, seemed to preserve the patient alive. The pulse was rapid, weak, and intermittent, and for several days life was despaired of. At this juncture Dr. Stokes happened to describe the case to this colleague, Mr. Smyly, who suggested the trial of the warm bath. Pillows were adjusted in one, the patient placed in it, and the effect was instantaneous and marvelous. The delirium immediately ceased. The patient ex-

claimed. 'I am in heaven! I am in heaven! Why didn't you do this before?' He was kept at least seven hours in the bath, brandy being freely administered, and removed to bed. The bath was repeated the next day, after which he fell for the first time into a tranquil slumber. From this time recovery was progressive."

This may seem a digression; but the treatment of another of the exanthemata by similar means is not inapposite.

My ten years added to Dr. Thompson's fifteen make twenty-five years' experience of a treatment which I can confidently and heartily recommend.

Treament of Syphilis.—In an inaugural lecture at the Hôpital Saint-Louis, Dr. Fournier defined syphilis to to be "a diathetic malady, resulting from the absorption of a particular virus which is contagious and hereditary, essentially chronic, revealing itself by certain manifestations which are subject to a certain chronological order. It is a malady imported into the system, and the result of the accidental introduction of a principle foreign to the body; it is essentially a specific disease." On referring to the treatment of syphilis, he said that it was evident that a malady so terrible in its consequences and so prolonged in its course required a treatment proportionally energetic. To abandon such a malady to itself, he added, is an idea which germinated in the minds of certain individuals; but pure expectation has shown its results: it is very properly condemned by the profession. Moreover, experience has shown that as the malady is specific, the treatment should also be specific; and the only remedy which up to the present time can claim to be a specific for this particular malady is, decidedly, mercury. The specific remedy in the malady under notice should be continued for at least two years.

Dr. Desprès, surgeon to the Hôpital Cochin, entertains other views than those enunciated above as being the classical treatment for syphilis—views equally founded on long experience and in almost similar circumstances to those in which the eminent physician named in the preceding paragraph acquired his experience. According to Dr. Desprès, mercury, the so-called specific, is not only useless, but positively dangerous. The malady runs through a course extending to eighteen months or two years; and this it does whether mercury be administered or not. The advantage, however, is on the side of the non-mercurial treatment, as it does not produce the so-called tertiary symptoms, which Dr. Desprès looks upon, not as the natural sequence of the disease, but as the result of the abusive administration of the otherwise most useful drug called mercury. Dr. Desprès' treatment consists, first, in the administration of general tonics, and ferruginous preparations later on; and if he administers mercury at all, it is in the form of the iodide of mercury, the least dangerous of all the mercurial preparations, as it contains but a small proportion of the drug. In his practice now extending to nearly twenty years, he asserts that he has never met with a single case of the tertiary lesions of syphilis in which the non-mercurial treatment was adopted; and it is this treatment he has always carried out in his private as well as in his hospital practice.—*British Medical Journal.*

Nerve-stretching for Cure of Lumbago and Sciatica Without any Cutting Operation.—In a late number of the *British Medical Journal*, Dr. Bramwell, of Perth, gives some cases of cure, and others of relief, by cutting down on, and exposing the sciataca nerve, and stretching it in its sheath, and so breaking down adhesions between it and its sheath. An observation of his struck me on reading his cases. He says, "the nerve when stretched did not 'crack' as if by the snapping of adhesions (between the nerve and its sheath), in which case the relief was not so immediate or marked as it was in those cases in which this snapping or breaking of adhesions was marked." I have myself had very lately an attack of lumbago, for the first time in my life. A patient, whom I could not go to see, came to see me. The pain was at the lower part of the spine and extending along the upper border of the ilium, so severe as to prevent my sitting at table; in fact, all movement was very painful. My friend, a wiry, muscular man, said, "You cure me—I cure you." He told me had cured very many people, almost instantly. "Well," I said, "I believe what you say; try you hand." He placed me on my face and hands on the sofa, and he kneaded the painful part very forcibly for some time, and then he told me, "I don't hear the *'cric, cric,'* which I hear when I cure my patients *at once*; so I fear I shall not succeed with you." I have also known cases of torticollis attended with great pain on any attempt at movement get suddenly well on some violent movement being made, attended by a feeliug as of something having given way or "snapped" as it were. Evidently the cure in my friend's cases, as in those cases of "torticollis," was the result of "nerve-stretching," as practised by Dr. Bramwell. And I think we have got at the true explanation of the success of the popular proceedings in those cases; and, with the distinct object in view of *"stretching"* the nerve or nerves affected, and breaking up any adhesions of the nerve to its sheath, we may adopt with advantage the popular proceeding into legitimate medicine. In severe cases the proceeding must be very painful; but we have chloroform or any analogous preparation to fall back upon, and allow us to make violent or forcible kneading and stretching of the parts sufficient for our purpose.—*James M'Craith, M. D., F. R. C. S., ia Medical Times and Gazette.*

Tapping Pulmomary Cavities.—Dr. Thompson, of London, in a paper on this subject (*Virginia Med. Monthly*, June. 1880), makes the following remarks: Pulmonary cavities may be broadly classed into two groups: 1, those which are found in the upper lobe of the lung, and which may be denomi-

nated *phthisical*; and 2, those which are formed in the base of the lung, and which are generally *pneumonic*. The first group—apicial or phthisical cavities—occupy preferably the upper lobe, secrete (?) matter of a peculiar nature, non-fetid, septic, but seldom distinctly purulent, although under the microscope degenerated pus-cells may be found. The peculiar characteristic nature of the matter is shown by its property of producing tubercular infection, when locally applied to pulmonary tissue. The second group—basic or pneumonic cavities—occupy only the lower parts of the lung, secrete a purulent, often a gangrenous matter, of overpowering fetor, which, when transferred to other parts of the lung, results, not in tubercle, but in pus. The first kind of cavity is invariably associated with firm and complete adhesions of the pleural surfaces in the neighborhood of the cavity. With the second form of cavity the adhesions are by no means so complete; bands of fibres may only tie down the opposite pleural surfaces, or the cavity may be associated with an empyema and absence of adhesion—a condition by no means rare. An illustrative case is then cited, and after some further considerations the following conclusions are presented: 1. Except for the introduction of local remedies, the puncture of an apex cavity can hardly be expected to lead to any good result. 2. The puncture of a basic cavity is demanded if the secretion be fetid, provided there are reasonable grounds for supposing that the pleural surfaces in the neighborhood of the cavity are sufficiently adherent to prevent artificial pneumothorax. 3. The advantages to be gained by the operation are the ventilation of the cavity and the diminution of fetor, and especially the prevention of matter passing over to, and infecting the sound lung.—*N. Y. Med. Record.*

THE USE OF CHLORAL AS AN ANÆSTHETIC IN THE MINOR OPERATIONS ON CHILDREN.—M. Bouchut has written to the *Gazette des Hôpitaux*, on an anæsthetic he employs in the minor operations on children. The agent he uses is chloral, of which he administers one, two, three, and four grams, according to the age; two grams might be given without danger, between three and five years. The dose, one, two, or three grams, as the case may be, is given in four ounces of water, well sweetened; the whole being taken at once. Half an hour afterwards the child sleeps, and in an hour is perfectly insensible. This sleep lasts from three to six hours, and the child awakens as fresh as if after natural sleep. Once insensibility arrives a great number of operations can be performed, such as extraction of teeth, destruction of erectile tumors by caustics, application of Vienna paste, opening of abscesses, thoracentesis, redressing of malformed limbs, anchylosis, etc., without any other inconvenience than that of leaving the children to sleep off the effects of the chloral. M. Bouchut asserts that he has administered this anæsthetic over ten thousand times at the hospital (*Hôpital des Enfantes Malades*), and never had an accident; where the stomach rejects the chloral (which is very rare in children), a suppository with the required dose is given, and when it has melted sleep comes on. M. Bouchut, however, is not much in favor of this mode, as chloral, he has found, irritates the rectum after the rectum after the third or fourth time. Although chloral is so well tolerated in the child, it is far from it in the adult. M. Bouchut never could succeed in giving a dose large enough to produce insensibility, as when four grams were administered it was rejected at once. If the employment of this anæsthetic, says M. Bouchut, were attended with any danger, it should be abandoned, but as I have already stated, there is none whatever.—*Med. and Surg. Reporter.*

THE QUALITY OF INFECTION.—The following sensible remarks appear in a little pamphlet by Dr. David Page, of Edinburgh:

"Infectious diseases exhibit widely different degrees of severity, but it is well to bear in mind that the slightest and most incipient degree is as intensely infectious as the most alarming and developed, and that the same unrelaxed precautions are required for the one as for the other. Mildness of attack is only a matter of good fortune to the sick person thus attacked, and gives no security whatsoever to the healthy.

"Do not forg t that infection is a quality of the fever poison, and not altogether one of dose or length of exposure. The mildest case and a moment's exposure may give the infection and the disease in its most malignant form, the issue depending upon the state of the individual and his sanitary surroundings at the time, or in other words, *the seeds of infection are always the same, the result depending upon the soil in which they happen to be sown.* I have known some of the worst and most fatal outbreaks of scarlet fever to have been preceded in the affected households by the mildest possible attacks.

"Children are the great nursery of infectious disorders of all kinds, but it is a most mistaken notion to look upon these disorders as ailments which children are bound to have. No child is bound to have scarlet fever or diphtheria; not even measles; and to have any one of these diseases points to bad hygienic conditions, and generally to some one's ignorance or neglect."

TREATMENT OF PUERPERAL FEVER.—Dr. Bell finds that no remedy is so effectual in purifying the system in cases of puerperal fever as the Edinburgh preparation of the tincture of the muriate of iron, when given regularly in full doses frequently repeated (*e. g.*, thirty drops every two hours.) The great error in the employment of this medicine is the timidity shown in giving it in sufficient doses; in consequence its good effects have been questioned in in other diseases of a zymotic character, such as erysipelas, diphtheria, and scarlet fever. It has a remarkable effect in moderating the pulse and diminishing the secretion of pus. Dr. Bell thinks it right, however, to warn the practitioner against trusting to the new preparation of iron called the tinct. ferri perchloridi, which differs from the tinct. ferri muriatis in its formation, its medicinal effects, and in its analysis.—*The Edinburgh Medical Journal.*

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

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Editorial.

The Physical Development of Children.

The trite saying "the child is father of the man," is usually regarded as having reference rather to the mental than to the physical in the individual. This is unfortunate, in so far as it may have a tendency to cause undue importance to be attached to the early mental developement of the child. It is to be feared, and indeed thoughtful men are becoming aroused to the fact, that there is a grave radical defect in existing methods of educating the young. So much more influence does brain wield than muscle in the affairs of men, that the error of attempting to cultivate the former to the neglect of the latter, is one into which it is quite natural to fall. While the mental is superior to the physical, it is far from being independent of it. There may be the sound body without the sound mind, but there cannot be the sound, well-balanced, self-possessed mind, without perfect physical well-being. There may be mental quickness and brilliancy in the weakly body, and indeed these qualities of mind, whether in the child or in the man, are usually associated with defective physical developement; but the mind whose workings are deep, and whose products are calculated to endure is that which is contained in the sound body. So true is this, that the leaders of to-day, as they have been in all times, whether in science, politics or government, are men of good body.

The human animal, very strangely, receives less attention from man, than do the domestic brutes. The latter have been taken from a degenerate, wild condition, and by careful feeding and judicious mating, have been developed into the noble specimens of the modern stock farm,—horses, cattle, sheep and poultry, while man himself instead of developing, physically at least, has by being left to follow the blind dictates of his own passions, retrograded from the high estate of his barbarian ances try. The necessity of a proper mating of the male and female, to secure the best result in offspring, and the proper care and feeding of the offspring, is all the secret of good stock. Defects in the female can be overcome in the offspring by superiority in the same points in the male, and *vice versa;* the breeder who would expect a good result in any particular regard from the union of two animals, both defective in that regard, basing his expectations on some mysterious "affection," which they might have for each other, would soon find his strain running down. And yet men and women have habitually for years done this! Is it any wonder, therefore, that while the inferior animals of to-day, are far advanced over those of the past, the human animal should, instead of improving, have actually degenerated. The fact that men are no worse than they are, is doubtless attributable to the improvements during the past two hundred years in hygiene and sanitary matters.

There are, however, difficulties in the way of an intelligent stirpiculture, difficulties which can only be removed by such a general diffusion of knowledge on these points as will keep men and women from falling in love with their physical incompatibles. The time of such a diffusion lies very indefinitely in the future, but against that time there is another remedy which it is largely in the power of legislatures to apply—the proper feeding and training of the young. On general principles, the paternal form of government is not to be recommended, but as all government should be for the best interests of the governed, the governed should be compelled to submit to what is conducive to those interests. The first few, say five or six years of the person's life determine his physical being. The under-fed and poorly nourished and imperfectly clad child is stunted, and seldom or never recovers its growth. This law is recognized by the stock raiser, and the illustrations of it in the human species are of lamentable frequency. The questions of how the thousands and hundreds of thousand of infants of this country now improperly cared for, shall be placed in such a condition and so cared for, as will favor their growth into such citizens as it is to the interests of the republic to develop, is one for the statesman rather than for the physician. It is for the latter to indicate the necessity for reform, for the former to devise the means.

Anthropometry.

The necessity for the proper physical development of our youth being conceded, the necessity of a reliable standard according to which to judge of the child's growth, naturally follows. Dr. Percy Boulton, in an article in a recent number of the *Lancet* gives the results of some very extended observations having the establishment of such a standard in view. In conducting his measurements, etc., he recognized the truth of Quetelet's conclusions: —1. That there is a perfect form or type of man, and that the tendency of the race is to attain that type. 2. That the order of growth should be *regular* towards that type. 3. The variations from the type follow a definite law, the law of accidental causes. With these conclusions before him the immediate object of his observations was to decide: 1. The rate of growth per annum of average healthy children. 2. Their weight for height. His method

differed from that of others who have sought to determine the physiological height and weight of chidren at various ages, in that instead of striking an average from the measurement and weight of a large number of children, he weighed and measured a smaller number, at least once a year, and has kept records of the results extending over a space of ten years. The children were those of healthy well-to-do parents, brought up with suitable food and surroundings, giants and dwarfs being excluded.

The table which Dr. Boulton has drawn up may, therefore, be regarded as a typical standard for weight and height, and as it should be our aim to see every unit of the population brought up to the maximum of healthy development, this table will be found a reliable guide. As the masses of figures that have had to be digested in drawing up this table would be dry and difficult to follow only the results are given:

"The fact that different healthy children grow at different rates explains the circumstance of varying height in healthy individuals. I find that average English children brought up under favorable circumstances grow from 2 to 3 inches a year. A growth of less than 2 inches or over 3 should excite apprehension. The former would indicate arrested developement, and the latter a rate of growth beyond the powers of average children. Rate of growth should be regular, and being so, prognosticates future stature, because the healthy child that grows 2 inches a year passes 5 ft. at about fifteen, which indicates a short stature (i. e., if a male about 5 ft. 6 in.; female, about 5 ft. 1 in.). The healthy child growing 2½ in. a year is 3 ft. 2 in. at three years, and passes 5 ft. at thirteen to fourteen years. Such child will be a medium-sized adult (i. e.. if a male, about 5 ft. 8 in.; female, about 5 ft. 3 in.). The quick-growing healthy child that accomplishes 3 in. a year passes 5 ft. at ten or eleven, and eventually makes a tall adult (i. e., if a male, about 5 ft. 10 in.; female, about 5 ft. 5 in.). So rate of growth might be likened to three trains travelling at, say ten, twenty, and thirty miles an hour; the fastest train, of course, covers the most ground in a given time, subject somewhat to the exact point where puberty puts on the brake, which at first slows, and ultimately stops the progress altogether. Of course, one meets with many variations, but these variations are, I believe, always abnormal. Some children seem to do their growing by fits and starts, the common diseases of children arresting for the time progress, which is made up for afterwards by a supreme effort. Such growth is unnatural and often very detrimental. I believe, then, that every healthy child has its own regular rate of growth of 2, 2½, or 3 in. a year, from which it has no right to vary more than ¼ in. a year.

Next as to weight for height. Whether a child grows 2, 2½, or 3 inches a year, weight for height should be in each case identically the same, and all healthy children should grow broad in proportion to their height. Between 3 and 4 feet the increase in weight should, I find, be 2 lb. per inch, and between 4 and 5 feet, 2½ lb. per inch.

I do not wish it to be thought that the table which I offer as a standard is a precise statement of what has come out of my statistics. I wish it to be understood that statistics do not accommodate themselves to the regularity of half pounds, as found in this table. An observant and accurate statistician may, however, very easily lay down a law from the facts and figures which he has to deal with. It is a fact that my statistics came out 36 lb. for 3 feet, and 60 lb. for 4 feet, and 90 lb. for 5 feet, and having found 2 lb. per inch to be the normal increase between 3 and 4 feet, and 2½ lb. per inch between 4 and 5 feet, the rest naturally follows, and has proved a reliable approximate working standard:

Feet	In.		lbs.
3	0	.....	36
3	1	.....	38
3	2	.....	40
3	3	.....	42
3	4	.....	44
3	5	.....	46
3	6	.....	48
3	7	.....	50
3	8	.....	52
3	9	.....	54
3	10	.....	56
3	11	.....	58
4	0	.....	60
4	1	.....	62½
4	2	.....	65
4	3	.....	67½
4	4	.....	70
4	5	.....	72½
4	6	.....	75
4	7	.....	77½
4	8	.....	80
4	9	.....	82½
4	10	.....	85
4	11	.....	87½
5	0	.....	90

Some children exceeded these weights that are by no means giants; and really healthy, well-nourished children of healthy parents and favorable surroundings generally attained these averages. But what of children that fall below the standard? I find that there is a 7 lb. margin of safety, and that children falling more than 7 lb. below this standard are devoid of reserve capital on which to draw, and consequently they succumb quickly to many constitutional diseases. This, therefore, may be called the preventive medicine margin, beyond which lies the dangerous land of cachexia.

Arrest of growth, or loss of weight, precedes so many diseases that it may be looked upon as a danger signal, and if the "caution" is noticed before the disease point is reached catastrophe may frequently be prevented, and so childhood may be worked on a kind of "block system." It is thus that it becomes of such value in preventive medicine.

In pulmonary consumption loss of weight generally precedes cough, and according to Dr. Dobell's table No. 4, hæmoptysis only occurred 8 times out of 100 cases before loss of weight had been noticed. Moreover, while cough is a symptom at once recognized and noticed, loss of weight is so insidious that it is apt to go some time unnoticed. The num-

ber of cases in which loss of weight began before cough is sure to be understated. These remarks apply more strongly to the cases in which loss of weight preceded first hæmoptysis—a symptom never overlooked.

The following from Dr. Boulton's paper is commended to the consideration of our common school boards:

Our school boards might become a great power for the physical improvement of our rising population, if some of the monstrous sum expended in teaching our laborers and servants of the future the rudiments of science, mathematics, and German were utilised during school vacation in sending the undersized to the country under the care of their teachers, and opportunity were afforded them to become physically strengthened by judiciously regulated diet, plenty of exercise in the fresh air, &c.; if, in short, a little less were done for the *mens sana* and a little more for the *corpore sano*. It is perfectly wonderful what only three weeks of change to the country has been found to do for town children thus treated in Saxony. In Switzerland and America the children are placed in the families of farmers, who take charge of them for a small sum—a system of "farming out" not as yet known, I am sorry to say, in this country.

The medical inspection of schools which has been instituted in the department of the Seine is a step in this direction which might be imitated in this country with advantage, and I would strongly urge the triennial use of the scales and measure as the most trustworthy indicators of the physical welfare of the rising population. There is little doubt that the mental pressure which is now so common in elementary schools causes an excessive waste of nerve force for mental work, which should be subservient to bodily growth and development. Mental overstrain is most common amongst the poor who suffer from want of food and bad hygienic surroundings, but it is not uncommon amongst the growing children of the rich; and it is important that parents should be aware of the possibility of sacrificing physical to mental development. The reverse may certainly occur, the result being a fine but not very intellectual animal; and therefore in this, as in most things, it is the "happy medium" that is the best and safest.

State Medical Examining Board.

It has been proposed in certain quarters to ask the legislature to exempt the graduates from the Medical colleges in Michigan, from appearing before the Medical Board, which it is proposed to create by the medical bill which we purpose having presented to the legislature this winter, and a draft of which we will present in our next issue. We shall, for our part, strenuously oppose any such exemption. The reasons urged for it are the advanced requirements of the medical schools of this State, as compared with those of the great majority of the schools of this country. Such reasons have not even speciousness to commend them; they are puerile on their very face. Instead of being urged in favor of the proposed exemption, they are among the strongest arguments why there should be no discrimination in favor of the Michigan schools. The only protection which our home schools have a right to ask for, is that which the superiority of the material which they turn out will secure for them. Let us have a medical examining board which will adopt such a standard as will prevent all but properly qualified practitioners from coming to us from without, and do not prevent this same Board from protecting us from unqualified physicians from within. We want no medical act to protect the medical schools of this State; to enable them if they choose to impose improperly educated physicians on the community. Monopolies in any line are distasteful and opposed to our innate sense of justice, and any act creating a monopoly in educational matters, would be doubly so. The only monopoly which is not revolting to science is that created by unaided merit.

The Canadian medical act has a clause, which is of a piece with a protection policy, under which the Dominion seeks to foster home manufactures, and this clause is very unworthy of a people who make pretentions to such advancement in educational matters. It provides that no graduate from a foreign school shall be allowed to present himself for examination before the examining board until he shall have attended a session at a Canadian Medical School. Narrow, however, as this provision is, it is not so objectionable as that contained in the proposition to exempt graduates of our Michigan schools from the requirements of any such act as may be passed at the coming meeting of our legislature.

In this connection, the following paragraph from the Proceedings of the Medical Society, of the County of Kings, will read with interest. It will be remembered that the New York Medical Act permits the registration of all graduates from whatever school:

"After the law now in force requiring the registration of medical practitioners has had a fair trial, and thus been allowed to show, as it most probably will, that it is of no restraining value whatever, a *real* step in advance should be made by the enactment of a law to the effect that no one thereafter shall practice medicine in any of its branches (existing rights being, of course, respected), who shall not have passed a satisfactory examination, and been licensed by a State Medical Examining Board. Medical degrees granted after the introduction of this reform would be merely ornamental titles, so far as the right to practice in this State, by virtue of them, is concerned, and might then be freely and even lavishly conferred by each school at its own sweet will, with no one to molest or make it afraid. This liberty would not be unduly taken advantage of, for any school whose graduates always passed in the State Board would, *ipso facto*, draw students to itself by the assurance so given that the teaching was good. In Germany no one can legally practice medicine, or call himself physician (arzt), unless he has passed the "Staats-Examen."

Miscellany.

Hog Cholera.—At the last meeting of the Michigan State Board of Health, Dr. H. B. Baker, Secretary of the Board, was directed to investigate the hog cholera now prevailing in the south-western part of the State, and to find, if possible, any relation existing between that disease and any sickness in the human family. In pursuance of that order, we learn from the *Lansing Republican*, Dr. Baker visited Vicksburg, in Kalamazoo county, Mendon and Wasepi, and their vicinities in St. Joseph county, and Climax and Leroy in Calhoun county, pursuing his investigations more particulary in the latter township.

He found the disease prevails in all the above-named localities, and the general impression seems to be that it is spreading east and north. This chances to be in the direction of the prevailing winds and some are of the opinion that the wind favors its spread. It should be remembered, however, that inasmuch as the disease first struck the southwestern part of the state, if it spreads at all in Michigan it must necessarily be in that direction. Still the theory of spread by the wind is worthy of consideration, especially as the cause is known, and appears to be capable of being carried as dust by the wind. It has also been ascertained that the disease could be communicated to mice, sheep, and chickens, and from each of these back again to the swine, although it affected sheep but slightly. Dr. Baker has found evidence in his recent investigations that it may also be communicated to rats, dogs, lambs, colts and cats.

The term "cholera" is a misnomer except as it conveys an idea of a communicable disease, "Contagious typhoid pneumonia" would more nearly represent the nature of the disease, but both those terms would probably be misleading unless the mode of communication of the disease is understood, which is by inoculation or by taking the specific virus into the body with the food. It is possi le that the disease may be communicated by inhaling the poison, but of this there is not sufficient evidence.

The symptoms described in various places varied greatly, but all are easily explained when the nature of the disease is understood. The specific virus circulates through the body wherever the blood goes, and very rapidly reproduces itself. It tends to clog up the smaller blood-vessels throughout the body, and especially in any weak or injured place; therefore the symptoms necessarily widely differ, but the lungs almost uniformly suffer, becomming clogged up in nodules or by entire lobes, in many instances causing death in this manner. Another part of the body next most constantly affected is the large intestine and small intestine near it. Where the glands on the inside of the intestine are enlarged and sometimes ulcerated and inflamed, the adjacent lymphatic glands are enlarged, and the stomach is sometimes inflamed. In one case Dr. Baker noticed enlarged spleen, and the liver had a peculiar purplish appearance. Others have found similar appearances.

From this description it is easily realized that there is not much hope in medicine being able to eradicate the disease, but as a matter of fact the farmers are imposed upon all over the country by quacks, and are trying all kinds of remedies. But what is found to answer in one case will not work in the next, indicating that there is no reliance to be placed npon remedies. On the contrary it is productive of much mischief, as the attempt to keep the animal alive only tends to increase the cause of the disease. Intelligent men say if they had killed all the first animals attacked and placed them four feet under the ground it would have been money in their pockets by preventing the spread of the disease; but the question of its restriction is very complex, because of its existence among all classes of animals, and perhaps in human beings.

Dr. Baker says the disease is not generally recognized by the people where he went. They say, when the cats have a disease which appears to him the same, that it is consumption When the dogs had it it was "dog distemper;" when the colts had it it was "epizoötic;" and when the lambs had it, as they did in some places, they attributed it to feeding on clover, or called it "grub in the head," and cited for proof the fact that after death the "grubs came out of the nose;" but this might occur in summer after death from any disease. The disease is probably spread very largely by mice, rats, and cats, which die and lie around unobserved, and to which chickens and hogs have access.

The question which Dr. Baker was especially requested to investigate, whether this disease is *communicable to man*, is attended with much difficulty, because in the neighborhoods where it exists the people are very much afraid, and avoid contact with the disease or eating the meat; but at nearly every point they ship animals of this character, and purchasers only require that the animal shall be alive when put on the cars. They go from there to Chicago, Detroit, and perhaps to other places, and the difficulty lies in deciding just which pork belongs to animals of that kind. One reason prompting this investigation was that sickness, and in one case death, was attributed to eating sugar-cured ham in which careful search proved the absence of trichina. It has been found that the poison of the disease is somewhat easily destroyed, but whether meat from animals that have died of this disease is capable of conveying the disease to human beings who eat it as it is ordinarily prepared is a question of grave importance, but one upon which conclusive evidence cannot yet be obtained. Dr. Baker found one place where the first animals known to be sick were two cats. The next were the chickens, which died very rapidly, and the next was the man of the house, whose symptoms, as described, were not very different from those of the animals. The next were the hogs, not all of which were dead at the time of the doctor's visit. One was killed, and a post mortem revealed hog cholera, every point being verified un-

der the doctor's eyes. At the time of this visit a son, the only male member of the family remaining, was sick. Whether his sickness bore aay reiation to the other disease it will be impossible to say, if he lives. Should he die, a post mortem might determine the point. Further investigation will be greatly facilitated if persons having any knowledge of this subject will kindly communicate it to the secretary of the state board of health.

Quacks and Newspapers.—The *Sanitarian* clips the following editorial and advertisement from the same copy of a newspaper. It illustrates very aptly the insincerity of the secular press in medical matters. Most of the newspapers are prepared to write Jeremiads on the present state of medical education, and quality of medical practitioners, but the one which would refuse a good paying "ad" from any of the notorious quacks and abortionists which abound, would be a *rara avis*. The newspapers of the country are indeed very largely responsible for the crimes against nature which are daily perpetrated in every community by the professional abortionist and "Female Regulator." Were the secular and religious(?) papers to exclude their suggestive advertisements, the occupation of these vampires would no longer flourish:

"The ancient highwayman was a considerate person. His demands might sometimes seem urgent, but they kept within certain bounds. He gave you a choice of evils. If you would surrender your money you might keep your life, and doubtless he often praised himself for easing you of that which might have proved to you a snare, while he granted you the most precious of earthly blessings.

The modern quack doctor is a much more bloodthirsty character. He has no such scruples as the highwayman, and no such moderation in his demands. With him there is no alternative. He wants your money *and* your life. When he has got your money he goes on to deprive you of your life. He makes you pay him heavily for put ing you to death.

Precisely how large is the addition made by these bloodsuckers to our bills of mortality will never be known until the judgment day. And it would be difficult, no doubt, to estimate the amount of money that they annually extort from their victims. Those who have some means of knowing the condition and the habits of the humbler classes are aware that the amount is very large. It is a pity that the facts cannot be brought to light. Will not General Walker try to include this item in the tables of the next census? If it were only known how much these people are doing to impoverish and destroy human beings, a society with a longer name than that of Bergh's world soon arise for their sup pression."

Here now is a copy of an advertisement taken from this same god-fearing and humanity-loving paper:

"To my patrons: I still offer my valuable services, if you are so unforfunate as to require them. With a mind matured and enriched by studies of an advanced order, I can safely say that there is hardly a disease in the catalogue of human ills that I cannot treat to a successful issue.

Ladies, I am always ready to assist you. My past knowledge has been increased by extensive experience. I am now able to treat you with a certainty of success. No case peculiar to your delicate organism is beyond my control. My Female Monthly Medicines are superior to any offered heretofore, and will be warranted to have the desired effect in all cases. Those of the public who need my services can depend upon gentlemanly, honorable and scientific treatment at reasonable rates. All troubles or compiaints of a private nature will receive that prompt attention they so imperatively demand.

Persons afflicted can, if they prefer, consult me by letter, detailing the symptoms of the disease or trouble, and receive medicines by express, with full instructions. All letters must be directed: "——, ——, ——." Cure warranted in all cases or no pay required, Consultations, personally or by letter, gratis. Send for book. Comfortable apartments for patients at my infirmary (when desired) with experienced nurses.

Consultation parlors,—— ——, adjoining the Young Men's Christian Asociation building. Office hours from 9 A. M. to 8. P. M.

My diploma hangs in my office.

— — ————, M. D.

For sale as above, an Essay on Physiology of Marriage, by — — ——, M. D.

An Artificial Anus (*Chapter II.*)—Our readers by reverting to No. 5 of the current volume of the News will find a very graphic description of a very unusual operation, copied from the *Evening News*, an enterprising secular newspaper of this city. The peculiarity of the report lay in the fact that it abounded in choicest technical terms, and that it described the operation with a minuteness which challenged our admiration, and all this notwithstanding the counter fact that the reporter was innocent of all knowledge of anatomy and surgery, and (*mirabile dictu!*) had also not even witnessed the operation! We commended the enterprise, and all that, of the reporter in such terms as to lead the modest young man to feel himself highly complimented, and he took occasion in a subsequent issue of his paper to make graceful acknowledgement. Nothing more had been heard of the wonderful case until the 24th ult., when the medium through which the profession (and public) are kept posted with regard to it, contained the following final and unique report:

"The operation performed on Cevinie by Dr. Walker was described in *The News*, and attracted much attention from scientific and medical men all over the country, because it was one of those delicate and dangerous operations which are rarely attempted, and generally end in death. The Michigan Medical News (Detroit) copied the article and betrayed

the jealousy of its athletic editor by insinuating that Dr. Walker gave the particulars to *The News*. This fling at Dr. Walker was undeserved, for he had done nothing of the kind, and it only had the effect to close Dr. Walker's mouth tighter than a clam at low water. A *News* reporter has made several attempts since the publication of the first article, to learn how Cevinie was getting along, but Drs. Wyman and Walker seemed to be afraid of Dr. Mulheron and refused to make any disclosures. The *News* is able to say, however, that Cevinié is almost well and will be discharged from the hospital next month. After repeated trials a communication was established between the small and large intestines, and the artificial anus closed, a natural passage being secured by delicate surgical manipulation. The case is understood to have furnished material for a book which Dr. Walker will write on the "Process of Intestinal Digestion." In the meantime these facts are at the disposal of the MICHIGAN MEDICAL NEWS, which has never published anything about the Cevinie case since it copied the article which first appeared in these columns."

The above carries with it its own comment. The muscular spasm through which the mouth of the clam at low water is closed, is evidently clonic rather than tonic, a point which has heretofore escaped the notice of the natural philosopher. Is spasm of this nature physiological, or is it pathological,—one of the nervous disturbances due to fear?

We put in our application now for a copy of the book.

MEDICAL ETHICS—MEDICAL INTERVIEWING.—It seems that Detroit is not the only place in which ye seductive reporter worms unwilling information out of ye ethical doctor. A correspondent of the Cincinnati *Lancet and Clinic* informs us that even in the "Paris of America," or "Po:kopolis," are such things done. He writes:

"Please inform your readers if it is not contrary to the *spirit*, if not the *letter* of the Code of Ethics for reputable physicians to suffer themselves to be *interviewed* by newspaper reporters!

The instructions of my masters and the reading of the Code teaches me that it is wrong. I call on you to express an opinion in view of the long *interview* of several reputable physicians published in the *Enquirer* to-day, November 23rd, on septicæmia or blood poisoning. I must confess I am surprised. The gentlemen who appear by interviews certainly do not read the Code of the American Medical Association, of which several of them are members.

Let me quote Section 3, Art. 1, entitled "Duties for the Support of Professional Character:"

"It is derogatory to the dignity of the profession to resort to public advertisements, or private cards, or hand bills, inviting the attention of individuals affected with particular diseases, publicly offering advice and medicine to the poor gratis, or promising radical cures; or to publish such cases or operations in the daily prints, or *suffer such publications to be made;* to invite laymen to be present at operations, to boast of cures and remedies, to adduce certificates of skill and success, or to perform any other similar acts. *These are the ordinary practices of empirics, and are highly reprehensible in a regular physician.*"

"These gentlemen who appear in the *Enquirer* willingly do so. They did wrong. They have set a bad example for the weak and ignorant. Some of them are professors and should therefore hold themselves above "the ordinary practices of empirics."

I read the clinical lecture of one of them in your journal last week. If it is proper for him to give his views on septicæmia in the daily press, why not publish his clinical lectures in the daily journals?

The bad and empirical practice of giving interviews and having operations and lectures noticed in the daily press is unworthy of respectable physicians. Medical journals are the proper channels. Let us hope that is only necessary to call the attention of the best men to this growing evil to have it stopped."

ELECTRIC LIGHTING.—The excitement following the announcement that Mr. Edison had discovered a method of dividing the current so as to make electricity available as a light for domestic use, subsided as soon as the first effort of that gentleman to reduce his theory to practice proved a failure. In a recent number of the *North American Review* Mr. Edison had an article which was written with such an air of confidence as to lead many to hope that the difficulties which caused failure in the first instance had been entirely removed, but still there has appeared no practical demonstration of the validity of his claims.

The following from the Boston *Journal of Chemistry* is interesting in this connection:

"Mr. Edison has again appeared in the newspapers in a way distinct from his advertisements of a "Polyform" nostrum. The electric light is once more to illuminate Menlo Park, and this time on a grand scale. What improvements have been made which afford hopes of better success are not distinctly stated, but, so far as we can judge, none whatever. It appears a little sensational to be told that a scientific gentleman has been sent to South America to explore the rivers and forests for canes, rushes, and barks of new species, from which to prepare the the carbon lamp-wicks. The truth is,—and it may as well be stated,—Mr. Edison has thus far accomplished no more than, indeed, not so much as, others in the way of practical electric lighting. The carbon wicks prepared from cardboard, as used in his former experiments, were not original with him. Mr. Swan, of Newcastle, England, used them two years before Mr. Edison; and the Sprengel pump for exhaustion of air from glass globes was also used in Mr. Swan's experiments. Appearances indicate that Mr. Swan at the present time has greater promise of success than Mr. Edison. He has removed some

of the difficulties in the way of the breaking of the carbon wicks, and added some new devices for continuing the light on the circuit in case of disarrangement of a single lamp. His methods of developing powerful currents by dynamo-electrical machines are in some respects better than Edison's. He develops one horse-power by the combustion of two pounds of coal, and this affords a light of over one thousand standard candles. Edison has not done as well as this, three pounds of coal being required in his machines for one thousand candles. It sounds well to be told that from the combustion of two pounds of coal under a steam boiler a light equal to sixty-six large gas burners is obtained by electricity, but that does not imply that there is a cleared path to success. By success we do not mean a successful lighting of large buildings, streets, docks, etc., for that is accomplished. In England the reading-room of the British Museum is successfully lighted ; also the Picton Library of Liverpool, the South Kensington Museum, the Liverpool Street Railway Station, the Barrow Ship Building Docks, the Promenade at Blackpool, the new Albert Docks, and several other prominent places. In this country as many or more public rooms, streets, or grounds are lighted with the electric light, but all these experiments do not prove that it can be adapted to household illumination, so as to compete with gas in cost and convenience. There is still a great chasm to be bridged over on the road to a success of this nature. We are far from saying that the bridge cannot be built, but we do not at present have faith in the schemes of Mr. Edison so far as they are made known

THE TEN YEAR CLAUSE IN THE PROPOSED MEDICAL BILL.—We have since our last issue received quite a number of protests against the clause in the medical bill which we outlined in our issue of October 25th, which would admit to membership in the College of Physicians and Surgeons of Michigan all those who having no diploma have been engaged in practice for ten or more years, irrespective of qualification. As far as we are individually concerned we should be pleased to see all non-gradnates subjected to an examination to test their qualifications, and that, too, whether they had been practising ten or fifty years. It is merely a question of policy ; would it be judicious to hazard the defeat of the bill by making it too exacting in its requirements? We wish, however, to prepare such a bill as will properly reflect the sentiments of the profession of this state, and if it shall appear that the ten year clause is generally condemned we shall omit it in the bill which we propose presenting.

The following protest is received from the Union Medical Society of Oakland, Wayne and Washtenaw Counties, Dr. C. G. Davis, President; Dr. D. Warren, Secretary:

"At the last meeting of the Union Medical Society, of Oakland, Wayne and Washtenaw counties, held at Holly, December 2nd., 1880, the following resolution was unanimously adopted by the Society:

Resolved that we as a Society, do hereby protest against the incorporation of the ten year clause into the proposed Medical Bill, to be introduced to the next legislature for the regulation of the practice of medicine in this State, believing that the adoption of said clause will be derogatory to the interests of the profession throughout the State.

We believe that such a clause will admit to practice a large majority of the quacks and druggists, now practicing and prescribing throughout the State. We believe also that it would be only fair and just that each and every person who wishes to practice medicine, should give satisfactory proof of his ability to do so, by an examination or otherwise, before a competent board of examiners appointed for that purpose."

FUNCTIONAL SPASM AND TETANUS IN AN ATHLETE.—Revillot (*Gaz. des Hopitaux*) observed in the Case of a young man twenty-one years of age, whose occupation was that of a traveling acrobat, and who possessed an uncommonly developed muscular system, a peculiar complexity of symptoms which finally totally incapacted him for his occupation. In the first place, upon lifting any heavy burden, or attempting any other violent corporeal exertion, sudden circumscribed spasmodic contractions took place in the muscles in action, which formed tumors of stony hardness and were so painful that the intended action became impossible. Upon resting from his occupation these contractions disappeared. Two months later, after the man had resumed his occupation, he was very suddenly attacked while lifting two unusually heavy dumb-bells, by excessively severe and painful continued contractions of both bicipites as well as of most of the muscles of both arms and shoulders. This tonic spasm passed off very gradually and, as time progressed, returned more frequently with every slight exertion. It extended to other groups of muscles and finally affected also the lower extremities. The most careful attempt to elevate the arms or to walk a few steps sufficed to bring on this tetanoid condition in the affected extremities. These manifestations could be brought on as reflex symptoms by mechanical irritation. Upon slightly compressing the biceps the muscles of the arm and forearm were thrown into a tonic spasm, and on account of the excessive development of the flexors the arm was bent and the hand hollowed. Upon compression of the calf analogous symptoms manifested themselves in the leg ; it became extended and the foot took the equinus position. Those muscles were especially involved which the patient was compelled to call into action in his athletic feats ; the frequent repetition of these conditions probably resulted in their never becoming perfectly relaxed; or the muscles especially those earliest affected, attained a state of permanent although moderate spastic contraction. The muscles of respiration, the face, eye, head and neck were free. The state of the patient, to whom almost all movement was impossible, was truly pitable.

The nearest analogue of this disease is the so-called writer's cramp. Here, as in the other case, the cause must be sought in the over-exertion of the muscles, and here, as there, the spasms are induced by intended movements. The spasmodic state itself bears a close resemblance to the so-called tetanus of the extremities.

Under the continued administration of bromide of potassium and the absolute prohibition of all bodily movements, his condition gradually improved, so that walking and light manual labor again became possible.—*St. Petersburger Med. Wochenschrift,* No. 36, 1880.

Death of Broca.—Dr. Joseph Workman, of Toronto, gives a translation, in the Canada *Lancet* for December, of a memoir of Paul Broca, which appeared in *Circulo Medico Argentino.* We give from it the following paragraph :

"On Wednesday, the 7th of July, he rose very early, as was his custom, without feeling the slightest illness, and he went to his service at the Hospital Neckar, as he was that day to perform an operation with his honorable colleague, Prof. Guyon. On alighting from his carriage he felt a slight indisposition, probably the same as we sometimes saw him suffer under when attending his clinics, and which he was wont to designate intercostal neuralgia. How singular ! the author of the best book on aneurisms, the physician who had seen many affected with the disease, was completely ignorant that he had the same ailment, and that it was soon to terminate his existence. In spite of feeling himself unwell, he made his accustomed visitation ; he returned to his house to take a short repose, and then to go to the Senate, intending to dine with his friend, Victor Hugo. In the middle of the sitting his neuralgia returned, with intense pains in the precordial region, radiating down the left arm ; these pains were so acute down to the elbow, that syncope appeared imminent ; after a brief repose all seemed to have passed off, and he was seen in free conversation with his colleagues on the subject of the amnesty. Feeling again ill, he retired after pledging himself not to be absent on the day of the vote. Having stepped aside to salute M. Leon Say, that gentleman said, "do not forget to come to-morrow;" to which Broca replied, "I shall take good care—*au revoir.*" Having reached home he again felt some disturbance, and some friends who had heard of his illness came to visit him ; with his wonted amiability he said to them he was a little indisposed, but not sick.

At eleven of the night he went to bed, probably the first time in his life at so early an hour, for it was his custom to work till 3 or 4 in the morning. His wife accompanied him ; he took some drops of laudanaum, he became calm and slept ; an hour had not passed when a peculiar noise aroused his wife, she called him, took his hand, all power had fled, he was dead."

"Happy Broca !" adds the translator, "whom aneurism rescued from insanity and paralysis. Had his heart been stronger, his brain must have yielded to the *overwork* imposed on it."

Castration for Hysteria.—Under the above title a French journal gives an account of a case which was presented to the Berlin Medical Society some months ago, and which has scarcely attracted the attention in this country which its significance deserves. Dr. Israel presented to the Society a young woman twenty-three years old, cured of severe hysteria by "Battey's Operation," of which she bore the cicatrix. The patient had suffered for some years from obstinate vomiting, accompanied by severe ovarian pains. She became extremely weak and anæmic. Many surgeons advised the operation, and she gradually arrived at the conviction that castration was the only remedy for her sad state. The operation was performed under chloroform "with all antiseptic precautions." During the first three days after the operation there was extreme tenderness in the lower part of the abdomen, and the ice was obliged to be constantly applied. At the same time there was retention of urine, which only passed off at the end of twelve days. A week after the operation the vomiting had ceased, and the pain in the ovarian region had disappeared. The patient's cure remained permanent. One detail, however, of this beautiful illustration of the value of "oöphorectomy" remains to be mentioned, and it is not unimportant. The operation was a pretended one. A superficial wound only was made ! The result certainly justified the means.

A Golden Wedding.—Golden weddings are at best rare events,and their occurrence among doctors of medicine is very exceptional. The wear and tear of the physician's life, and the hardships incident to his calling, are calculated to draw heavily on his reserve force, and usually before the three score and ten, or four score years, have been reached nature sends in her inexorable demand. A doctor's golden wedding is, therefore, a memorable occasion.

Some weeks ago invitations were issued to the golden wedding of Dr. and Mrs. Isaac S. Smith, of Grosse Pointe, which was celebrated at the residence of their daughter, Mrs. B. F. Fish, in this city, on the evening of 1st inst. This venerable couple were united in wedlock in New York City, where they lived until 1846 when they removed to Detroit. The celebration of the fiftieth anniversary of their union was a very impressive as well as a highly enjoyable occasion. A large number of friends were present to tender their congratulations, and among them a number of the doctor's professional associates. At the sumptuous "wedding dinner," the health of the bride and bridegroom was freely toasted, Drs. Klein, Brodie, Lyster, Leonard and Mulheron making speeches on behalf of the profession in which Dr. Smith has labored for over half a century, and which he has honored by a singular uprightness of deportment and conscientious regard for its dignity.

The aged couple have recently recovered from a severe illness, and are now quite hale and hearty, and give promise of yet many years' enjoyment of each other's companionship. So mote it be!

Literary Piracy.—The *Medical News and Abstract* refers in the following very pointed manner to a most shame-faced piece of literary theft:

Most of our readers are familiar probably with the "American Health Primers," published within the past eighteen months by Mr. Presley Blakiston, of Philadelphia. We should be glad to learn that they had been so esteemed as to lead to their republication in England, were it not for the fact that in doing so the English publishers, Messrs. Ward & Lock, have seen fit to commit an act of the grossest injustice. They have announced thus far six of the series, of which we have seen but four, and can therefore only speak of these. The chief wrong they have done is to omit entirely the names of both editor and authors, and anounce the series as "written and edited by distinguished members of the medical profession," thus misleading the British public into the belief that the books are of European and not American origin. And to carry out still further this deception, they call them "Ward & Lock's Long Life Series," as though it were an independent and original publication. And, still further, in cases where the text would discover the American origin of the book, whether by direct statement or by allusion to cis-Atlantic customs, statistics, men, and manners, they have indeed "carefully edited" them by changes and omissions. In Dr. Harlan's and Dr. White's Primers only one sentence in each needed alteration, in Dr. Cohen's perhaps a dozen, while in Dr. Richardson's a couple of score of changes are made—not to add to the value of the books but to conceal their American origin.

We wish we could say that the republication of the "American Health Primers" redounded as much to the honor as it does to the literary discernment of the English publishers. As it is it is piracy in its worst form, and swift condemnation should follow its exposure.

Indian Obstetrics.—Dr. J. Young, of Springdale, Ark., writes: In an article which appeared in a recent number of the News, on "Indian Obstetrics" I notice this statement: "If an Indian mother gives birth to twins only one is allowed to live." This I think is an error. Ten of the best years of my life were spent on the plains and in the mountains, during which time I was necessarily thrown very much in contact with the Indians, and became quite familiar with their habits. Had the custom prevailed as stated I should probably have heard of it. In one instance, furthermore, there was a twin birth among the Kiowas, and I know that neither of the children was destroyed.

In this connection I would refer to another erroneous statement to which credence is usually given, viz., that nervous diseases are unknown among the wild tribes. I have seen cases of insanity, epilepsy and idiocy among the Sioux and Cheyennes. I am also personally cognizant of two suicides of Indians, which acts may or may not be regarded as evidences of insanity.

Clinical Study in American Medical Colleges.—A "chiel who has been takin' notes" for the London *Lancet*, writing from Philadelphia, reveals the following truth, concerning the boasted clinical advantages of our eastern medical schools: "The total absence of clinical clerks and dressers, could hardly fail to be remarked, the house-surgeon's assistant taking the form of a four-wheel go-cart fitted with every requisite. Clinical study in the medical curriculum is apparently unnecessary. I was assured that at Jefferson College, which is one of the leading medical schools of the country, a man might take his degree in medicine and go forth to practice his profession *without ever having seen a case.*"

The claim that the large schools of the cast furnish better clinical advantages, than do many smaller schools in the west is not borne out by the facts. If the correspondent had visited our Detroit schools, for instance, he would have been convinced that a large number of beds is not necessary for the most efficient clinical instruction.

Boston Journal of Chemistry: An exchange says a man in Rhode Island was cured of a bad case of rheumatism by being struck by lightning. He was not killed, either. We may now expect to see a "testimonial" something like this: "Mr. Jove,—Dear Sir: It is with a grateful heart that I can recommend your Thunder-Bolts for the cure of rheumatism in its worst stages. For seventeen years I was a sufferer; I lost the use of my lower limbs, and spent five hundred and forty-two dollars in medical attendance. Life became a burden, and I prayed for death, when one of your bolts came along and went right to the spot. I was knocked insensible, but soon recovered, and now I am well enough to run for a political office. Your bolts contain no mercury, and don't have to be 'well shaken before taken.'" For sale at all druggists.

Xylotherapy. — We have had "metallotherapy," and now foreign medical journals inform us that at a recent meeting of the Société de Thèrapeutique, M. Dujardin-Beaumetz read for Mr. Jourdains a note on the æsthesiogenic properties of of certain woods applied to the skin, which he calls xylotherapy. M. Jourdains has applied plates of wood to the insensible skin, and as with plates of metal, magnets, sinapisms, and blisters has obtained a return of sensibility. The applications of wood seem to be more active than the other means. All woods do not act with equal intensity, and with regard to their efficacy may be classified in the following order: cinchona bark, thuja, rosewood, mahogany, pitch pine,

walnut, maple, apple ; poplar, ash, and plane produce no effect. Return of sensibility is accompanied by congestion of the skin. We cannot suppose these phenomena to be caused by electric currents.

Buchanan, the notorious diploma vendor, has, after all, failed to receive his deserts. The charge upon which he was arrested, it will be remembered, was "using the mails to defraud." After hearing the testimony Judge Butler directed the jury to acquit the prisoner upon the technical ground that there was no evidence to sustain the charge. He held that Buchanan did not defraud his correspondents for they knew as much of the fraud as he did. The purchaser of the "diploma" was simply buying a document on the strength of which he intended to defraud others. This is certainly an ingenious defense, but doubtless, strictly legal, and the hoary headed old impostor (and yet the law, marry, says he is not an impostor) is again at large. It is to be hoped, however, that some means will be devised to put a stop to his villainy.

Dr. Rutherford, of the Insane Asylum, at Woodilee, Scotland, reports that by occupying the patients fully he has been able to carry out the open-door system of treatment. He finds that by the diminution of apparent restriction upon liberty greater quietness and contentment are secured, and recovery promoted.—*Detroit Lancet.* Fully or partially occupying crazy people can not be a pleasant task for any one, but the martyr-spirit of the physician is boundless. In ancient biblical times the occupation of people by devils is said to have demented them. Now a doctor's occupying demented people, it seems, benefits them. No doubt the doctor drives out the devil.—*Louisville Medical News.*

Medical Record: American hams are having a hard time of it. They have already been credited with causing trichinosis, anchylostosis, and hydatids. Now it is asserted that they may convey scarlet fever. A family near Chester, England, consisting of father, mother, and six children, ate American ham one day, and within forty-eight hours were all down with the scarlet fever. The fever was preceded with vomiting and purging. An infant which took no ham was the only person in the house that did not get the fever. All the patients recovered. The inferences drawn from the case are not to be accepted without a good deal more investigation.

The *Pittsburgh Medical Journal*, No. 1. Vol. 1., is before us. Monthly, octavo, 32 pages, $2.00., Drs. Gallagher and Snow, editors, with eighteen contributors, and hopes to supply a long felt want. If the twenty gentlemen interested will only work there will be little necessity for the eleven pages of pure scissor work which the initial number contains. With twenty editors a journal of this size ought to contain the double distilled quintessence of all that is good in medical literature, and the scissors and paste-pot should not be known in the office of the *Pittsburgh Medical Journal.*

M. Bertillon gives in the *Bulletins de la Société d'Anthropologie de Paris*, (*British Medical Journal*), the result of his comparative analyses of the statistical tables of suicides for France and Sweden. These show singular accord between the two countries, and the writer feels justified in maintaining that they are sufficient to establish the two following laws : 1. Widowers commit suicide more frequently than married men. 2. The existence and presence in the house of children diminishes the inclination to suicide both in men and women.

Death reaped a very plentiful harvest among the members of the Canada Medical Association last year. *Thirty* of that body were called hence, and the greater number of these were in the prime of life, in the vigor of manhood, and in the midst of active professional duties. When it is considered that the association numbers less than two hundred members the greatness of the mortality will be manifest.

According to the *Pacific Med. and Surg. Journal*, the authorities in charge of the Sacramento county hospital recently discharged the homœopathic physician in charge, on account of the large expense incurred by him for quinine, opium, and other drugs, and appointed a "regular" in his place for the purpose of economizing the expenses of the hospital.

William H. Williams pleaded guilty, in New York, a few days ago, to the charge of endeavoring to blackmail a physician by means of a letter threatening to reveal an alleged scandal. He was sentenced to one year's imprisonment in the penitentiary and a fine of $150.

The annual report of the Superintendent of the Detroit House of Correction for the past year, shows that there were admitted to that institution during that period three physicians, two oculists and three lawyers. This, considering the fact that lawyers have peculiar facilities for evading punishment, is a good showing for the morality of medicine as compared with that of law.

Book Notices.

Wood's Ophthalmic Test Types and Color Blindness Test, William Wood & Co., New York. Detroit: Thorndyke Nourse.

This is an ingeniously arranged collection of test types, and astigmatic tests for testing vision ; and also colored yarns for testing the color sense, together with a tablet or large card showing the blunders which the color blind are apt to make. Two small pamphlets accompany this collection. One is written by Prof. Henry D. Noyes, M. D., of New York, and contains some brief remarks on the reflective errors of the eye, and directions for their detec-

tion; and the other by Dr. R. Cutter, Surgeon to the New York Eye and Ear Infirmary, gives explanations of the test types, brief quotations from the writings of Professor Holmgren, of Upsula, on color blindness, and the necessary directions for testing the color sense.

The subject of color blindness is one which has attracted much attention of late, and although there is danger of its becoming a hobby with some surgeons, yet we must admit that it is a subject both interesting and important. With the one hundred skeins of colored yarns contained in Wood's case and the plain directions given for their use in testing the color sense, even a novice should experience no difficulty in examining patients for color blindness and detecting the same should it exist. The test types are similar to those to be found in the office of every ophthalmic surgeon; and to those who have none such, we commend them. The old adage, "a little knowledge is a dangerous thing," is often verified in the case of opticians and other unqualified persons who attempt to fit spectacles ; therefore we do not feel justified in advising every physician and optician to secure these types and proceed forthwith to test the eyes of all their patrons, and having found (?) an error of refraction to prescribe spectacles to correct it. C. J. L.

A New Case Record, General and Gynæcological. For Chronic and Acute Cases, and a complete Obstetric Record for 100 cases, price $1.75.
Ann Arbor, Michigan: Joel A. Miner.

The value of keeping a record of cases in practice, and indeed the necessity of so doing to the most efficient self-improvement, to say nothing of the general interests of the profession, are generally conceded. Older practitioners who have never adopted the plan need not be reminded of the wrong they have thus done, both to themselves and the profession whose advancement they are under tacit obligations to be zealous for. It is emphatically true of the practice of medicine, that success depends on the proper digestion of experiences. The aged practitioner who has not thus digested his experience, is not the thoroughly developed and well rounded-out physician, which he should be, and indeed, is little to be preferred to the recent graduate who has familiarized himself with the recorded experiences of others.

There are many reasons why physicians do not keep records of interesting cases, and one, and probably the principal reason is that the proper recording of the necessary observations, unless some system is followed, requires much time. This objection has been largely removed in the book before us. Mr. Miner has evidently prepared it under the directions of a physician who knows precisely what is wanted, and we strongly commend it to the attention of our readers.

A New Index Rerum for Students and Professional Men. Arranged to Minimize the Labor of Indexing and to Classify all Indexed Subjec;s. Price $1.75.
Ann Arbor, Michigan: Joel A. Miner.

The general advantages of using an *Index Rerum* are easily set forth. For students and professional men, it preserves a ready reference to all that is valuable in their reading. It arranges in one place all related references, so that, when consulted, it brings to mind all of one's reading upon that subject, and thereby secures a fullness of information otherwise impossible. It provides against the large lapses of memory inevitable to all brain workers. It keeps the fund of one's knowledge a constantly accumulating one, as no valuable fact or thought can pass beyond his power of recall. It gives the student a chance to apply to his reading the serviceable habit of review. If it be his practice, whenever he discovers his remembrance of indexed subjects fading, to re-read those references, he will in time acquire an available weath of important knowledge, unattainable in any other way. The act of indexing prolongs the attention and tends to increase the grasp of the memory on the subjects indexed ; and the fruitful law of association is obeyed, when the references are grouped together, where they will be frequently consulted in their entirety. The use of the *Index* is almost as valuable in acquiring knowledge, as it is in giving the power to recall it.

The special advantages in this *Index Rerum* are, the device by which, usually, half the labor of indexing is saved, the superior grouping of relating references, the arrangement of extra pages, the facility of reference, and the cheapness of the book."

Cutaneous and Venereal Memoranda. By Henry G. Piffard, A. M., M. D., Professor of Dermatology, University of New York, etc., and George Henry Fox, A. M , M. D., Lecturer on Diseases of the Skin, College of Physicians and Surgeons, New York, etc. Second Edition.
New York: Wm. Wood & Co.
Detroit: Thorndike Nourse.

The raison d' être of this book is thus succinctly given in the preface to its first edition: "The fact that many students are unable during their pupilage to procure voluminous works, on special has subject induced the authors to prepare this volume. In doing so they have endeavored to inculcate principles rather than to elaborate details and to present facts in as compact a form as possible." Some will refuse to admit this as a sufficient reason for their efforts to compress the consideration of skin and venereal diseases into a duodecimo volume of 300 pages, for such the book practically is, notwithstanding the fact that the authors had no such object in view. We are among those who think thus. We will say this much, however, that the little volume is free from many of the objections to compendiums generally. It is, indeed, a good compendium.

Ophthalmic and Otic Memoranda. By D. B. St. John Roosa, M. D. Professor of Ophthalmology in the University of City of New York, etc., and Edward T. Ely, M. D., Assistant to the Chair of Ophthalmology, of the University of the City of New York, etc. Revised Edition.
New York: Wm. Wood & Co.
Detroit: Thorndike Nourse.

This is another attempt to compress a big subject into a little space. Of course, the names of

the authors are a guarantee that the book is as good as a book of this nature well could be, and we are furthermore assured, that it "has been prepared with great care." It is to be regretted that the distinguished authors have thought that the best interests of the subject which it discusses are to be subserved by a compendum of this nature. The book is popular, and has already passed through several large editions, but the more's the pity. Books of this kind do harm by offering an easy means of acquiring a superficial knowledge to the neglect, in too many instances, of deeper reading.

Diet for the Sick. By J. W. Holland, M. D., Professor of Materia Medica, Therapeutics, etc. in the University of Louisville. Price 25 cents.
Louisville: John P. Morton & Co.

This little paper covered book is No. 1 of Morton's Pocket series. It contains in compact form suggestions and rules for the preparation of the various kinds of aliment, best adapted to particular diseases. It is quite readable and its conciseness commends it.

Pamphlets Received.

A Contribution to the Relative Value of the Different Operations for Delivery in Narrow elves, with History of Eighteen Cases. By Aug. F. Erich, M. D., Professor of Diseases of Women, College of Physicians and Surgeons, Baltimore, Md. Reprint from the Maryland Medical Journal.

Seven Cases of Retroflexion of the Uterus, with Peritoneal Adhesions of the Fundus in the Hollow of the Sacrum, Treated by Forcible Separation of Adhesions. By Aug. F. Erich, M. D., Baltimore, Md. Reprint from American Journal of Obstetrics.

Notes on the Diseases of Women, Most Frequently Met in Private Practice. By D. W. C. Wade, M. D., Holly, Michigan. Reprint from Physician and Surgeon.

Atresia of the Genital Passages of Women. By Edward W. Jenks, M. D. Professor of Medical and Surgical Diseases of Women, and Clinical Gynæcology in Chicago Medical College. Reprint from Chicago Medical Journal and Examiner.

Clinical Observations on the Radical Treatment of Fibroid Tumors of the Womb. By William Goodell, M. D., Philadelphia. Reprint from Transactions of the Medical Society of the State of Pennsylvania.

Puerperal Epilepsy and Protracted Gestation. By L. S. Oppenheimer, M. D., Seymour, Indiana, Demonstrator of Microscopy and Histology in University of Louisville. Reprint from American Practitioner.

Some Practical Suggestions in the Treatment of Diphtheria. By R. J. Nunn, M. D., Savannah, Ga., Professor of Practice of Medicine in Savannah Medical College. Reprint from the Independent Practitioner.

Gastrostomy or Gastrotomy. By L. L. Staton, M. D., Farborough, N. C. Reprint from N. C. Medical Journal.

On the use of Sulphur and its Compounds in Diseases of the Skin. By L. Duncan Bulkley, A. M., M. D., Attending Physician for Skin and Venereal Diseases at the Out-Patient Department of the N. Y. Hospital, etc. Reprint from Archives of Dermatology.

On the Management of Infantile Eczema. *Ibid.* Reprint from Transactions of the Medical Society of the State of New York.

Higher Education of Medical Men, and its Influence of the Profession and the Public. Address of F. D. Lente, A. M., M. D., President of American Academy of Medicine, at its Fifth Annual Meeting, held at Providence, R. I.

The "Abdominal Method" of Singing and Breathing as a Cause of Female Weakness. By Clifton E. Wing, M. D., Boston. Reprint from the Boston Medical and Surgical Journal.

Report of Ten Cases of Gastric Ulcer, One Case Malignant Ulcer of the Stomach, and Two Cases of Perforating Ulcer of the Jejunum. By A. Van Derveer, M. D. Professor or the Principles and Practice of Surgery in Albany Medical College, etc. Reprint from Medical Annals.

The Symptoms of Sexual Exhaustion (Sexual Neurasthenia). By George M. Beard, A. M., M. D. Fellow of the New York Academy of Medicine, etc. Reprint from Independent Practitioner.

Treatment of Post Partum Hæmorrhage. By George J. Engelmann, M. D., St. Louis, Mo. Fellow of the American Gynæcological Society; Fellow of the London Obstetrical Society, etc. Reprint from Transactions of So. Ill. Med. Society.

Time of Conception and Duration of Pregnancy. *Ibid.*

The Indications for Treatment in Fractures of the Elbow. By Lewis Pilcher, M. D., Brooklyn, N. Y. Reprint from the Annals of the Anatomical and Surgical Society.

Regulation of Medical Practice. By Henry D. Baker, M. D., Lansing, Michigan. Reprint from Physician and Surgeon.

General Sanitation—Its Importance to the Public Welfare and a Plea for Better Methods. By Henry B. Baker, M. D. Secretary State Board of Health, Lansing, Michigan. Reprint from Annual Report of State Board of Health for 1885.

Original Articles.

Retained Menses in the Newly Married Female.

BY O. E. HERRICK, M. D., GRAND RAPIDS, MICH.

It is by no means uncommon for the female newly married to imagine that she is in an interesting condition at the first menstrual epoch following her marriage, and she watches with anxiety for the menses during the days they should appear, but in the majority of instances they do not show at all at that time. Then in alarm she seeks her medical adviser and states her fears, as very few young women like the idea of becoming pregnant during the first month of their married life, even though they do not expect or wish to escape maternity. It is a fact well known to all physicians that women seldom menstruate at the first month following their marriage and the young wife is usually comforted by such an assurance from her physician and goes home to wait patiently until the next period, when, if pregnancy has not occurred during the month, she will likely menstruate again. As stated above these facts are well known to the profession, but I do not remember to have ever seen any explanation of the phenomenon. I believe it is caused in the following manner: Young married people are quite liable during the first month of their married life to indulge in sexual intercourse to excess, and as it is, or should be an

entirely new thing for them, (or at least for the female) there is more or less irritation produced, of the sexual organ organs of both male and female, and in the latter I have seen quite violent inflammation, setting up a severe vaginitis; and, as might be expected, the os and neck of the uterus were more or less involved. I have also often noticed when making vaginal examinations of newly married females that the os uteri seemed to be swollen and painful to the touch, and no doubt the causes spoken of above were the immediate ones. This being the case then, it is quite easy to understand why they do not menstruate at the first period following their marriage; the os and cervix being swollen and inflamed closes the canal firmly so that it is quite out of the question for menstrual blood to escape, and while the female experiences all the other symptoms, such as languor, pain the back, weight in the pelvis, etc., no menses appear. I had been so often appealed to under such circumstances that I determined to test my theory as to the cause of this disturbance. And when in a few days I was again consulted by an alarmed young wife I proceeded, after making a vaginal examination and ascertaining that the usual swollen os and cervix were present, to gently pass a small sized gum elastic male catheter, and upon removing the inside wire director was gratified at seeing the menstrual blood commence to at once escape from the catheter, and it continued to do so for the few minutes in which the catheter was left *in situ*. But upon its removal the blood at once ceased to pass. The lady, however, having seen blood was entirely reassured as to her normal condition. I prescribed warm water injections and a lead and zinc wash to be used twice a day for the next month, and although she did not menstruate any more at that time, "came around" promptly at the next period. In that case I was sure as to the cause of the interruption; and since that time have taken frequent occasion to prove the correctness of this theory. Of course one must be quite cautious in introducing anything into an inflamed cervix, not to introduce the instrument into a pregnant uterus ; and if the operator has any doubts it is best to let the case alone. But in the absence of all other symptoms one may with proper directions gratify his patient and relieve her mind from worry for at least one month.

64 Monroe St.

Treatment of Gonorrhœa.

BY A. J. ROE, M. D., TAYLORSVILLE, ILL.

An article by Dr. Watson Cheyne, reproduced in a recent number of the NEWS contains some views on the nature of gonorrhœa which, if correct, will have an influence in modifying the treatment of that too common affection. Dr. Cheyne, it will be recalled, believes in a parasitic origin of the disease, and then advises the employment of bougies composed of iodoform and oil of eucalyptus to destroy the parasite. After the specific element has thus been eliminated he advises antiseptic injections for the purpose of preventing the discharge from becoming septic and irritating, and recommends boracic acid to that end. After using these injections for a few days sulphate of zinc, two grains to the ounce, may be employed.

I do not desire to dispute Dr. Cheyne's theory, but must take exceptions to such conclusions as are based on the prompt cure following the use of the remedies he recommends. I have treated a great many cases of gonorrhœa by means of boracic acid injections, and my results have been fully as satisfactory as those reported by Dr. Cheyne in which he had preceded such injections with the iodoform and eucalyptus bougies, ostensibly to destroy the parasite. I employ the acid in the strength of ten grains to the ounce of water, morning and evening, after urinating. This treatment usually allays the inflammation and relieves the pain and chordee inside of thirty-six hours, and complete cure is generally effected inside of a week or ten days. It may be that the boracic acid kills the somewhat hypothetical parasite; at all events, no iodoform or eucalyptus or sulphate of zinc or other remedy is necessary.

Selections.

RESORCIN AS AN ANTIDOTE.—Professor Lichtheim, of Berne (*Correspondenzblatt für Schweizer Aerzte,*) has made researches on the action of this body which indicate that we possess in it a powerful antipyretic which in several respects is preferable, in regard to the extent and security of its action, to quinine and salicylic acid. If a dose of two or three grammes (30 to 45 grains) of resorcin be given in solution or in substance to a patient in a high state of fever, the first signs of its action show themselves after a few minutes. Giddiness and buzzing in the ears occur, the face becomes reddened, the eyes are brighter than before, the breathing is quickened, and the pulse more frequent by several beats, and generally somewhat irregular. Ten to fifteen minutes after the dose, the skin begins to become moist, prespiration becomes gradually stronger, and after fifteen minutes more the whole body is bathed in sweat. With this outbreak of sweating the symptoms of stimulation which first occur disappear; the giddiness and buzzing in the ears have usually passed off in about fifteen minutes after the taking of the medicine, and a rapid defervescence occurs at the same time with active sweating. The frequency of pulse and the temperature are quickly reduced, and within an hour after the administration of the medicine both have fallen to the normal standard. The secretion of sweat has meantime stopped; the skin of the patient is moist and cool, and his general condition is that of an individual free from fever; the amount of difference of temperature in such cases is about three degrees centigrammes (5.4 Fahr.) or more; the frequency of the pulse sinks more than a third. These marked effects

are, however, by no means always to be observed. A very great difference in the resistence of fevers to resorcin is to be noted, and here the same rules apply as in the action of the antipyretic agents already known. The less the tendency to spontaneous remissions, the less is the antipyretic effect of resorcin. The fevers of pneumonia and erysipelas are in general more obstinate than that of typhoid fever, and severe typhus in the first stage is controlled by resorcin much less promptly or much less adequately than the mild forms. On the other hand, resorcin does not completely fail, according to Lichtheim's experience, even in the most obstinate fever. Temperature and frequency of pulse fall also in these cases; only the fall of temperature often does not amount to more then one or two degrees (centigrade), and the pulse-beat to a corresponding extent. An unmistakable parallelism exists between the extent of secretion of sweat and the intensity of the defervescence, and the more marked these were, the greater is the fall of temperature.

Although resorcin has advantages over salicylic acid and quinine in respect to the certainty of its action and the extent of its effect, the duration of its action is much less than that of the above-mentioned remedies. Within two hours after its administration, and generally after three to four hours, the temperature begins to rise; and it rapidly ascends to its previous point, the patient meantime complaining of a sensation of cold, which sometimes amounts to a severe rigor. An hour later the temperature and frequency of pulse will be found at the former point, and the general state of the patient corresponding to it.

A great disadvantage of resorcin lies in the preliminary stage of excitement, to which reference has already been made. These symptoms of stimulation show themselves very strongly in a number of cases. Even in the milder forms, moaning respiration is often noticeable, together with an increase in the frequency of respiration; and the tardy answers which the patient gives show that he is in a state resembling intoxication. In other cases these cerebral symptoms are much more marked; the patients begin to be delirious, they do not know where they are, they talk wildly, and their expressions indicate that they have illusions; speech becomes sometimes muttering and difficult to understand, and often there is at the same time a slight convulsive trembling of the hands and fingers. One patient fell into a deep sleep, from which he could not be aroused, but from which at the commencement of the defervescence he awoke without any unpleasant symptoms. The latter observation, which is unique, was, however, not made by Lichtheim himself.

All efforts which Lichtheim has made up to this time in order to lessen these collateral effects, without injuring the antipyretic effect of the medicine, have been without result. Even when resorcin was combined with salicylic acid, these phenomena of excitement occurred, although they were not very strongly marked. The effect of a dose of two grammes of resorcin on a patient to whom some hours before two grammes of salicylate of soda had been administered, was one of unusually long duration. According to Lichtheim, this phenomenon of excitement is the only difficulty which opposes the general use of resorcin as an antipyretic, especially in private practice. He especially mentions that an existing albuminuria was not increased by the use of resorcin, and that he has never seen any symptoms of collapse either during or after the administration of resorcin. He rejects the idea with certainty that resorcin can exercise any specific action on pneumonia, erysipelas, or enteric fever; on the other hand, it seems to him to be an antidote to intermittent fever. He refers, indeed, to only two cases. In the first case, a quotidian fever with large tumor of the spleen, after a typical attack, he administered two grammes of resorcin at the beginning of the first premonitory symptoms of fever; only a very slight elevation of temperature occurred, no further attack of fever followed; the tumor of the spleen subsided very slowly, and the patient was allowed to leave at his own wish, with still a very large spleen. In the second case there was also a very old intermittent fever of the quartan type, with a large splenic tumor. The patient had gone through three paroxysms before he began the treatment. Dr. Lichtheim gave, at the commencement of the fourth attack, three grammes of resorcin. The shivering, which had already begun, passed off, but after about an hour recommenned, when two grammes of resorcin were again administered. The subjective symptoms of fever were completely cut down in the patient, although a slight elevation of the frequency of pulse and of the temperature occurred. On the next febrile day the prodromata of fever showed themselves again, but two grammes of resorcin sufficed to cut them short, and the elevation of temperature and pulse was only on a minimum scale. No subsequent attack of the fever occurred.

Together with the moderate price and much more agreeable flavor, resorcin has a great advantage over quinine, in that the administration of the medicine can be postponed to the beginning of the attack, and that, when the dose has too slight an effect, a subsequent increase of it is effectual. In this way any relapse can be prevented before an attack has fully established itself and on the indication of the well-known prodromal symptoms. In these cases there were not any collateral symptoms, not even the slight cerebral symptoms of giddiness and buzzing in the ears.—*London Med. Record.*

Forcible Replacement of the Retroflexed Uterus Bound Down by Adhesions.—Dr. Aug. F. Erich, of Baltimore, communicates to the October No. of the *American Journal of Obstetrics* a report of the treatment of seven cases of retroflexion in which the uterus was bound down by adhesions in the hollow of the sacrum. His plan was first to dilate the uterine canal and then to insert a large steel

sound and forcibly replace the uterus, assisting the rupture of the adhesions by careful manipulation in the posterior Douglasian cul de sac. The re-position of the organ having been effected it was kept in place by a stem pessary. In six of the seven cases thus treated the replacement was permanent and attended by no untoward symptoms.

His experience in these cases leads Dr. Erich to the following conclusions:

1. No pessary for the correction of retroversion or retroflexion should be inserted until we have carefully excluded parametric and perimetric fixations of the fundus uteri, as a retroversion would be converted into a retroflexion, and retroflexion would be made more acute by it. These patients generally protest against the use of pessaries, as their suffering has been invariably increased by every variety of pessary that had been tried by their former medical attendants.

2. Peritoneal adhesions of the fundus uteri to the portion of the peritoneum covering the rectum immediately behind the uterus, may exist with so much mobility of the uterus, when the patient is in the dorsal position, that no examination of these cases can be considered complete until we have tried to replace the uterus with the patient in the genu-pectoral position.

3. Forcible separation of retro-uterine peritoneal adhesions, made in the manner here described, can no longer be considered a very dangerous operation.

4. The principal difficulty to be encountered is, that by drawing the uterus as far forward and upward as can be done without rupturing the broad and utero-sacral ligaments we may fail to separate the adhesions. I intend to try in my next case the introduction of my left hand into the rectum in order to prevent it from following the forward motion of the uterus, and thus secure a more certain rupture of the adhesions.

5. Pressure applied behind the cervix in the vagina will, I believe, rarely succeed in accomplishing the object, as this cavity is not often so capacious as to furnish room enough for the necessary manœuver.

6. The most important feature of the after-treatment consists in keeping the patient in bed for at least a week. She ought not to be allowed to leave her bed until all bloody discharge produced by the use of the tents, and afterwards sometimes kept up by the presence of the intrauterine stem, has completely disappeared, and she ought to return to her bed as soon as paroxysmal pains in the back are complained of, or the bloody discharge reappears. She must be carefully cautioned against exposure to cold and ought to be confined to one room as long as she wears the stem. Frequent vaginal examinations to make sure of the proper position of the stem and pessary are also necessary, as the displacement of either may give raise to serious consequences.

The length of the intrauterine stem is important. If it is too long, its point will make painful pressure against the fundus, and if it is too short it is apt to slip down until the point lodges at the seat of flexion, where it may soon set up a possibly fatal metritis. It ought to be a full quarter of an inch shorter than the cavity of the uterus. It is best made of hard-rubber smoothly polished, of a thickness corresponding to that of a urethral bougie No. 14 (French scale.) To prevent it from entering too deeply into the uterus, the vaginal end should be provided with a rim having a concave surface where it rests against the os, and a convex surface where it comes in contact with the vagina.

There is no necessity for any of the contrivances attached to these stems to secure their retention. As the uterus has to be kept in a state of anteversion by means of a Hodge retroversion pessary, and as in this position the posterior wall of the vagina is always in contact with the os, it furnishes all the support needed to keep the stem in position. If stems of greater thickness, or some provided with intrauterine attachments for their retention are used, they are liable to produce so much distention and irritation of the uterus as to set up expulsive pains, which are apt to result in metritis. Should these pains or a bloody discharge appear during the after-treatment and continue after the patient has been put to bed, it will be necessary to remove the stem and postpone its re-introduction until all inflammatory excitement has disappeared. I have generally found it necessary to have the stem worn for not less than six weeks, arranging it so as to include two menstrual periods in this time. The presence of the stem during menstruation forms no obstacle to the discharge of the menstrual fluid, and it should, therefore, be kept in position. After the cessation of the second menstruation, the stem ought to be removed. The Hodge pessary should, however, be worn much longer, to guard against a possible return of the displacement.

THE USE OF IODOFORM.—The value of iodoform as a topical application has been before the profession for a considerable time, but I am convinced that it is not even yet appreciated by the majority, who have a rather indefinite idea that it is useful, and a very imperfect notion of the extent and scope of its usefulness. My own experience with this agent has been so satisfactory that I have come gradually to look upon it as the very best at our command for the healing of ulcerated, eroded, granulated and abraded surfaces, which have for any reason too little inclination to take on healthy action, and which, therefore, require some alterative or stimulative impetus. I shall, therefore designate, in a few words, some of the conditions in which I have found it useful:

Chancre and Chancroid. Take iodoform 100 parts, sugar of milk 200 parts, thymol 1 part. Let the above be thoroughly mixed and reduced to an impalpable powder. The glands and prepuce must be thoroughly clean and dry. Then pack the ulcerated surfaces full with this powder, dust it over the surrounding parts, and secure it with a light bandage. Repeat the application as often as the parts become moist from new discharges. Ordinarily, about three

applications will be required every day, for the first two or three days, then as healing continues, they may be repeated less frequently. A fair trial of this method, I am certain, will convince any one of its superiority.

Herpes Circinata, Herpes Zoster, and Herpes of the Prepuce. Dissolve one dram of iodoform in one-half ounce of the oil of eucalyptus, and paint the diseased surface with this solution. Two or three applications will surely effect a cure.

Chronic Ulcers of the leg, Cracked Nipples, and all kinds of indolent ulcers with raised edges. Prepare an ointment containing one-half dram of iodoform in an ounce of cosmoline, and apply frequently, after having previously thoroughly cleansed the parts. The well-known and popular addition of the balsam Peru to this ointment masks the odor and adds to its value. I would add that the above is an auxiliary, not a substitute, for the ordinary methods of applying pressure, such as strapping and bandaging, which should not be omitted.

Uterine Catarrh. For uterine catarrh, or, as it is improperly called, endometritis,—I refer to those cases in which there is congestion, and a consequent discharge, with some enlargement, and an erosion extending up into the canal—I employ a suppository, which is made and applied in the following manner: Mix one-half dram of finely powdered iodoform with one ounce of the butter of cocoa. This may be kept in a shallow ointment jar. I have a thin silver tube about one-fifth inch in diameter, with a closely fitting piston. This tube is about eight inches long. When a suppository is needed, I retract the plunger or piston to a point from the distal extremity of the tube, corresponding to the length of the required suppository. Then fill the lower open end of the tube by plunging it again and again forcibly into the jar containing the material for the suppository, and packing it solid by downward pressure of the piston. Then I apply the suppository by passing the end of the tube into the cervical canal and force it out by pushing in the piston. The suppository will then be in the desired place. Five grams of the iodoform may be used at a time. Unlike the gelatine pencils of iodoform, which are so widely advertised, this melts and takes effect at once, and causes no pain.

Fissure of the Female Urethra. This troublesome and intractable ailment yields promptly to the use of the suppositories which I have advised for uterine catarrh. Their use is commonly followed by the disappearance of those symptoms which are always associated with fissure of the urethra, and which so often lead to the false diagnosis of cystitis.

Gonorrhœa in the Male. The same suppository, made in the same manner, and applied with the same instrument, may here be advantageously employed, care being taken to pass the suppository above the inflamed part. This treatment of gonorrhœa I have used for nearly two years, and can testify to its great efficacy. It is a suitable substitute for injections, and is more sure in its effects. The application should always be made by the doctor, when possible. I have been pleased to see that Mr. W. Watson Cheyne, in a late number of the British Medical Journal, contributes a very definite testimonial to the value of urethral suppositories, or pencils, in the antiseptic treatment of gonorrhœa. I would, however, give the preference to the method of preparation and application which I have here described, as being simpler and, perhaps, more effectual than his. It must be remembered that the popular addition of balsam Peru in these suppositories is objectionable, by reason of its irritating qualities.—*H. C. Howard, in Chicago Medical Review.*

Formulary.

ERYSIPELAS.

Dr. Rothe, in Memorabilien, says: I have been accustomed for years, to employ painting of the inflamed surface and its surrounding parts, every two hours, with a mixture of carbolic acid and oil of turpentine:

℞ Acidi Carbolici.....1 part.
Spiritus vini.....1 "
Olei terebinthinæ.....2 "
Tincture Iodini.....1 "
Glycerinæ.....5 "

and have had occasion to be well satisfied with its effects.

The applications are entirely painless, and do not even excite heat of the skin. Commonly this is found wrinkled and pale on the second day. This method does not check the advance of the redness and swelling any more surely than any other; but a part newly attacked can be restored equally as quickly to its normal condition by the same application, so that the course of an ordinary facial erysipelas is usually terminated in three or four days.

The part that has been painted is covered with a very thin layer of fine carded cotton batting. In case of high fever, or gastritis, of course, the remedies indicated—digitalis, quinine, an emetic, etc.,—must be employed.

FALLING OF THE HAIR.

Mr. James Startin, in the *British Medical Journal*, suggests the following application in general loss of hair without obvious cause:

℞ Vaselini.....
Ol. ricini.....ää ʒ ss
Hyd. ox. rub .....gr. v
Liq. Ammon, fort..... ʒ ss
Ol. rosemarini.....gtt. v
M.

DENTIFRICE.

℞ French prepared chalk.....
Powd. borax.....ää ʒ viij
Powd. orris root..... ʒ ij
Powd. cinchona bark..... ʒ iv
Powd. castile soap..... ʒ iij
Oil wintergreen sufficient to impart an
M. agreeable perfume.

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

Vol. III. DETROIT, DECEMBER 25, 1880. No. 24

Editorial.

Who Owns the Prescription?

This is a question upon the answer to which depend important interests. It has been frequently asked and has, we believe, received various answers even in courts of law. It has been held that inasmuch as the patient pays for his prescription it is his property to do with it as he may elect; and again that the paper consists merely of the physician's written instructions for the particular disease and stage of the disease for which the advice is given and paid for, and that the patient has no ownership in it. The public seldom make the latter distinction, generally holding to the former opinion, an opinion, moreover, which is even despite its injustice, conceded by many of the profession. The result is that the advice once given (written on a prescription blank for the druggist's guidance in preparing the medicine for an individual case) frequently goes the rounds of the neigborhood, and indeed, not unfrequently takes shape in Dr. Jones' Celebrated Cough Compound, Dr. Brown's Useful Urethral Unguent, or Dr. Smith's Pleasant Peristaltic Persuader, handsomely put up by the enterprising druggist into whose hands the prescription may have chanced to fall, and sold over the counter at a dollar a bottle, and all to the great detriment of the interests of both the public and the profession. The public suffer from the evils which are inseparable from the use of drugs administered without a reference to pathological conditions, and the profession suffer not only from an interference with their prerogative of treating disease but from an actual theft of the knowledge the acquisition of which has cost actual money.

The law may recognize the patient's right to the prescription for which he pays, and may protect him in his disposition of it, but the physician, also has rights which should be protected; but these rights, in the matter of prescriptions, will not be properly protected until physicians themselves arrive at a proper conception of what they are. As long as a considerable proportion of the profession concede the patient's ownership in the prescription, so long will be delayed the growth of a custom which would in time compel a law.

In the interests of both the public and the profession, it seems to us the following views should be generally entertained and inculcated by the latter: A prescription consists merely of the physician's written instructions to the druggist to prepare a certain medicine for a particular case, and when those instructions have been complied with the prescription should be filed by the druggist simply as a protection against any suspicion which might attach to him for unlooked-for effects of the medicine. The prescription is a mere convenience for the physician, obviating the necessity of his putting up his own medicine or of his repairing to the drug store, *in propria persona*, and instructing the druggist, *viva voce*, to put up a certain medicine for Mr. Blank. To show the absurdity of the patient's claim to the prescription it is only necessary to imagine his demanding of the physician that he commit to writing the instructions given the druggist for his (the patient's) and his family's and friends' future use. The druggist may rightfully demand of the physician that he commit his instructions to writing for his (the druggists) protection, but for no other reason, and the instructions thus committed to writing should, in all justice and honor, be regarded as a secret, as between druggist and physician, to be given to a third party only under oath and in furtherance of the ends of justice.

The above is, we believe, the only correct position on the question of the ownership of prescriptions, and the patient who copies the physician's prescription with a view to the evasion of the law of obligation herein enunciated, should be held guilty of a misdemeanor.

Close of Vol. III.

Although an experience of several years in medical journalism had convinced us that there was an opening for such a journal as we have endeavored to make of the NEWS, it was not until the occurrence of a train of circumstances three years ago that we determined to give our conception on the subject tangible form. The NEWS was started in the face of protestations from friends that it was useless to attempt to make a pecuniary success of a western journal; that at best a journal published outside of the eastern medical centres could only hope for a local circulation. We, however, were of a different opinion, having recognized the fact that there had been steadily growing in the profession of the great West a spirit of independence which was destined soon to brook no dictation from the self-constituted authorities of any particular section, and that a good journal would be supported irrespective of the place of publication. Our faith in this matter has been amply justified. The increase of our subscription list has been rapid and continued from the beginning, and we shall open volume IV with a *bona fide* list of over 3,000 names! The fact that the rate of increase of names on our subscription list has been much larger during the past three months than during any like period since the NEWS

was started is, we flatter ourselves, an evidence of increasing popularity.

The policy of the NEWS will remain as it has been from the beginning, the only change contemplated in this regard being such as may appear from an increased determination on our part to serve our patrons more acceptably, and to advance the best interests of the profession. We shall continue to advocate truth and justice ; to encourage all efforts in the direction of much needed reform in medical education ; to expose trickery and charlatanry ; and to battle for the right, as we honestly conceive it, without fear or favor. How well we have thus far succeeded in this policy our readers must be the judges.

We hope during the coming year to have our hands strengthened by a yet more liberal assistance from our readers in the matter of contributions. There is not one of them who has not something worth communicating; something which other readers might not profit by. A good article is not necessarily a long article; indeed, the pith is what we want, and care not for the verbosity in which it is too frequently concealed. Just think of what a journal we should be able to present were each reader to communicate, during the coming year, but one of the most important observations in his practice ! It would be a small matter for each, but the aggregate would be of inestimable value.

Kind reader, when next we greet you the dying year will have been added to those of the eternal, irrevocable past. Let all its short-comings be buried with it, or remembered only to guard against greater short-comings in the year to come. Do but this and our wish will not be without hope, when it is for a Merry Christmas and a Happy New Year.

The Proposed Medical Bill.

The number of communications which we have received on this subject since our last issue is most conclusive evidence that the profession of the State are deeply arroused in regard to the matter, and that such an influence will be brought to bear on the legislature as will secure the passage of such a Medical Act as will be of some practical utility. One correspondent suggests the creation of a fund to be devoted to the paying of the expenses of the gentlemen whom it would be advisable to send to Lansing to look after the interests of the bill. Desirable as this would be in many respects, there are practical objections in the way of raising such a fund, which could not be overcome in time for the money to be of any service.

We are struck with the great unanimity of expression in favor of having all license to practice to emanate from a State Examining Board. The proposition to exempt the graduates of Michigan Medical Schools from examination by this Board meets with general condemnation, as it should.

We had hoped to present our draft of a bill in our present issue but are obliged to defer it until our next, when we shall be able to submit such a draft as will be a reflex of the sentiment of the profession of the State, as we have been able, at no inconsiderable trouble, to secure an expression of this sentiment.

There still remain a few names (a very few only) on the NEWS list of those who are in arrears for their journal for 1880, and that, too, notwithstanding several reminders of the fact. We do not like to part company with any, but unless a reader cares enough for his journal to pay for it his companionship is not very inspiring. But we believe carelessness rather indifference or dishonesty, is the cause of neglect in the majority of instances, and we shall, therefore, again extend the time for a reasonable season. Let the delinquent remit while this request is still before him lest the matter again escape his attention. The printed address on his wrapper is a constant reminder of his delinquency.

We will pay 10 cents each for copies of Nos. 1. 2, 3, and 4 of the present volume of the NEWS. Parties wishing to dispose of any or all of these numbers will confer a favor by mailing them to our address.

Miscellany.

MEDICAL LEGISLATION AND DISSECTING MATERIAL.—The Southern Michigan Medical Society at a meeting held at Adrian on the 13th and 14th insts. adopted the following preambles and resolutions offered by Dr. Morden, of Adrian, on two questions of great immediate interest to profession of this state:

On Medical Legislation:

WHEREAS, We believe that the people of this state are in need of some suitable law to regulate medical practice, similar to the laws that have been enacted (and found to be both useful and necessary) in nearly all other civilized states and countries in the world; and

WHEREAS, we believe that the time has now fully come, when our legislature should give the matter the consideration that is its due; therefore,

Resolved, That we will individually use our influence with state representives and state senators, from our several localities, to secure the passage of a "medical act," that will provide,

1st. For the examination, by a state board of examiners, of all persons who are to begin the practice of medicine in this state;

2nd. For the annual registration of all persons practicing medicine in this state, and

3rd. For the fixing of proper penalties for the violations of the provisions of the "Act."

And further, we would recommend that there be one general examination of all applicants, or candidates, which shall be restricted to questions of demonstrable knowledge, as distinguished from questions of mere opinion; and that there also be a special examination of each candidate, after the general examination, which shall pertain to therapeutics, or the "*modus operandi* of drugs," and that at these separate and special examination, each candidate shall be examined, only by physicians who belong to the school, or kind of practice, for which the applicant shall (after his general examination) signify his preference.

Thus we recommend, that all such legislation should be in the interests of the people, solely, to guard them against the

evils of quackery and ignorance, and that no legislation should be permitted that would bestow special privileges on physicians, as a class; or on any one class or school of medical practitioners, in preference to others.

The feasibility of modifying the resolutions so as to petition the legislature for an act providing that physicians now practicing also be examined, was discussed at length, but the resolutions were adopted without amendment.

On supply of dissecting material:

WHEREAS, No adequate provision has been made by the legislature of this state by which material can be secured by the medical colleges of the state for scientific purposes in the interests of humanity, and

WHEREAS, the securing of such material is an absolute necessity to the cause of medical science, and

WHEREAS, a wise and liberal course on the part of the legislature of the state, which would be attended by the least possible objection, would do away with the revolting reports of "grave robbing," which frequently shock the people, violate the common instinct of humanity and trample not only on the law of the state. but also the feelings of all decent people, therefore,

Resolved, That a committee be appointed to memoralize the legislature of this state on the subject, consisting of Drs. Alvord, R. Stephenson and Whelan.

Accepted.

Dr. C. Rynd was added to the committee as chairman.

"DISCOURTESY, IF NOT SOMETHING ELSE."—Under the above caption the *Pacific Medical and Surgical Journal*, for December, showers the following on our unfortunate head:

"Sometime ago we found in the *Michigan Medical News*, a short article copied from our editorial pages without credit, and we good naturedly asked where it came from. The editor of the *News*, instead of acknowledging the oversight in the same friendly spirit, charges that the *Pacific Medical and Surgical Journal* took the article from the *N. Y. Homœopathic Times*. We are much surprised at this statement, and we trust that Dr. Mulheron will recall it. The data to which the article refers were taken from the *Times* and due credit given. But the article itself was as legitimately our own as it is possible for writing to be. We are not in the practice of stealing from our cotemporaries, and do not like to be charged with it. We notice by the way that the article in question is copied by Dr. Scudder, in his journal, and credited to the *Michigan Medical News*."

Now who would have thought that such a serious matter could have developed from such an innocent beginning! We assure our brothers Gibbons that we had no serious intention of robbing them of their merited due; our remarks were certainly only made in a Pickwickian sense, as it were. If it is not too late we now make a full retraction, and if we have led Dr. Scudder into an error in this important matter we ask him to take the earliest opportunity of rendering unto the *Pacific M. and S. Journal* the proper credit.

We can fully enter into the Drs. Gibbons' feelings under the circumstances. It is annoying enough not to receive credit for work done, but when one sees the credit for such work given to some one who originally appropriated (stole) it the case is doubly aggravating. But we have become accustomed to this sort of thing and don't mind it as much as we used to, although we may yet yield to the temptation to show up a most notorious literary pirate who seems to have a *penchant* for the NEWS.

A LARGE MAN.—*Medical and Surgical Reporter*: The largest man on this continent was the late Lewis Cornelius, of Pike county, Pa. He was considerably larger than Daniel Lambert. Mr. Cornelius' dimensions are entered upon the record books in the Prothonotary's office at Milford, Pike county, as follows:—

"Lewis Cornelius—Born 1794.

"Height, 6 feet.

"Circumference below waist, 8 feet 2 inches.

"Circumference above waist, 6 feet 2½ inches,

"Circumference of arm above elbow, 2 feet 2 inches.

"Circumference of arm below elbow, 1 foot 9 inches.

"Circumference of wrist, 1 foot 3 inches.

"Circumference of thigh, 4 feet 2 inches.

"Circumference of calf of leg, 2 feet 7 inches.

"Circumference of ankle, 1 foot 7 inches.

"Weight, without any clothing whatever, 645½ pounds."

This is the only authentic record of Mr. Cornelius' size extant. As he had been sick some time he lost over 50 pounds of his weight. He was not weighed until after his death, and when in full health would have tipped the scales at 700 pounds. His wife was a very slight woman, and weighed just 100 pounds.

POPULAR PHYSIOLOGY.—It appears that under the new "scientific" influences children in the London Board Schools are taught physiology. An examiner having put the question, "Mention any occupations which you consider to be injurious to health, giving reasons for your answer," one girl's complete answer was, "When you have a illness it makes your health bad, as well as having a disease." Another said, "Occupations which are injurious to health are carbolic acid gas, which is impure blood," Another complete answer was, "We ought to go in the country for a few weeks to take plenty of fresh air to make us good and healthy each year." Another complete answer was, "Why the heart, lungs, blood, which is very dangerous." The word "function," was also a great puzzle. Very many answered that the skin discharged a function called perspiration. One girl said, "The function of the heart is between the lungs." Another said, in answer to "What is the function of the heart?" "Thorax." Another girl, in answer to a question, said, "The process of digestion is: we should never eat fat because the food does not digest."

HOW TO COVER THE ODOR OF IODOFORM.—Several methods have been proposed, the following of

which, according to *New Remedies*, are the best. 1. Tannin mixed with the iodoform in equal parts. 2. Oil of peppermint in the proportion of a drop to every drachm. 3. Lavender water and eau de cologne have been recommended, but are not so effectual as the peppermint. 4. Balsam of Peru, three parts; iodoform, one part; vaseline, three parts, or, in place of the latter, alcohol, collodion, or even glycerine. 5. Oil of sweet almonds added in equal parts to the iodoform. 6, Oil of bitter almonds. One or other of the first two methods is probably to be preferred.

Buckle's explanation of the decline of the spirit of religious persecution, was that in modern times faith had undergone an eclipse, and men could not bring themselves to persecute others into believing that whereof they were themselves skeptical. The inadequateness of this explanation of one of the most strikingly social phenomena of our time, is forcibly shown in the *North American Review* for January, by Prof. John Fiske, who assigns a number of other causes that have been at least as influential in bringing about this most desired result. These points adduced in argument are established with all the ingenuity of reasoning and wealth of learning for which the author is so distinguished. The other articles in this number of the *Review* are: "Controlling Forces in American Politics," by Senator Geo. F. Edmunds; "Atheism in Colleges," by President John Bascom; "The Ruins of Central America," by Désiré Charnay; "Partisan Government," by William D. Le Sueure; "Popular Art-Education," by Prof. John F. Weir; "The Limitation of Sex," by Nina Morais; "The Mission of the Democratic Party," by Senator William A. Wallace; and finally, a review of Recent Philological Works, by Prof. F. A. March. The *Review* is sold by newsdealers generally.

In our last issue we published a note from a Philadelphia correspondence to the London *Lancet*, which reflected somewhat seriously on the methods of the Philadelphia medical schools. The *Medical Record* also having published this reflection Dr. S. D. Gross replies through that journal in a very pointed and somewhat heated refutation of the charge, closing his note with the following suggestive paragraph: "The slanderous statement of the London correspondent can only be explained on the supposition that he is the very fellow who, by the grace of God, obtaining a degree from the college *without ever having seen a case*, his indolence and indifference not having permitted him to avail himself of the precious pearls that are daily thrown before such swine in the ample ampitheatres of the Philadelphia hospitals."

If this graduate received his degree *without ever having seen a case*, even though it were "by the grace of God," the correspondent, it seems to us, would be able to make a very satisfactory defense in an action for slander brought by Jefferson College.

A Canadian correspondent of the *Virginia Medical Monthly* displays his credulity in the following paragraph, quoted from his letter: "The course in all our schools in the U. S. is, I believe, three years; and in most, if not all, the candidate for admission must be a classical scholar. He must show evidence of this qualification or pass an examination. Here (in Canada) he must pass an examination in the English language, Grammar and Composition, Arithmetic, Algebra, Geometery, Latin, and in one of the modern languages, or Natural Philosophy, as the student may elect. I think there are few, if any, students now admitted to colleges in the U. S. who are not versed in all of the above requirements." Such credulity would be refreshing were it not for the unpardonable ignorance displayed by the writer.

Medical Record:—Mlle. Bernhardt's deaths are remarkable, artistic, and effective. We must confess to having seen few in real life that moved us so deeply. The death-struggles, we may say, were remarkably life-like in a certain sense. We have never seen their equal in real death. We can recommend the profession to study the phenomena of the histrionic death as shown in Mlle. Bernhardt, for a physician may practice all his life and never see anything like them.

"Doctor," said Frederick Reynolds, the dramatist, to Dr. Ballie, the celebrated physician, "don't you think I write too much for my nervous system?" "No, I don't," said the doctor, "but I think you write too much for your reputation." There is a suggestion here for those attacked with the *cacoethes scribendi*.

An old lady who has several unmarried daughters feeds them on fish diet, because it is rich in phosphorus, and phosphorus is the essential thing in making matches.

Among the most hard-working young doctors of the Vienna hospitals is the Duke Charles Theodore, of Bavaria, brother or the Empress Elizabeth. He took his diploma some time ago and has practised assiduously ever since. He is a regular attendant at the lectures of Professor Arlt, and is a clever operator.

Book Notices.

A Practical Treatise on the Diseases of Women. By T. Gaillard Thomas, M. D., Professor of Diseases of Women in the College of Physicians and Surgeons, New York; President of the American Gynæcological Society for 1879; Surgeon to the New York State Woman's Hospital, etc., etc. Fifth edition, enlarged and thoroughly revised. Containing 276 engravings on wood. 806 pp., 8 vo. Bound in half Russia.
Philadelphia: Henry C. Lea's Son & Co. Detroit: John Willyoung.

There is probably no other work on the diseases of women so familiar to the profession of this country as the one before us. It has become classic. In many respects it may be considered the

pioneer work on this subject in this country. The first edition was issued about twelve yaars ago. Since that time the advances in gynæcology have been out of all proportion to those which have characterized any like number of years in the history of medicine. The first edition of Thomas was a true representation of the subject as it was then known to the gynæcologist, among whom the author was even then a leader. The four editions which have since appeared severally received careful revision, and each contained a true record of the progress of its subject up to the very date of its issue. The edition which is now just out is a true mirror of the position in gynæcology at the present time. It is true an examination of its pages reveals an absence of some of the later novelties. This is designed on the part of the author, whose object is rather to furnish a practical work than an encyclopædia ; he has therefore omitted all innovations, the merit of which has not as yet been attested by time and sufficient experience. Some of the inventors of ingenious instruments, specula, etc., (and gynæcology has furnished a rich field for inventive genius of late years) will be disappointed at not seeing their names mentioned in this volume, and they will probably regard the book as too conservative. But Dr. Thomas offers no encouragement to those who would seek to supplant the physician's more natural means of diagnosis by the use of mechanical contrivances. Of the specula, whose name is legion, only nine are mentioned, and these are chiefly Sim's and Cusco's, with modifications.

The chapter on "Therapeutic resources of gynæcology " is alone worth the price of the book and should be read, marked and inwardly digested by all who undertake to administer to the relief of the ailments of the human uterus.

The author is an earnest advocate of the value of medical support, (by pessaries) of the displaced uterus, and the treatment of this part of his subject is exhaustive.

Battey's operation is very cautiously endorsed, and some wholesome rules laid down, which it would profit those who are tempted to seek the *eclat* of the operation, to commit them to memory against the hour of temptation.

In the treatment of neuralgic dysmenorrhœa we are somewhat surprised to find no mention of the use of virburnum prunifolium. This is an omission which the purpose not to mention any remedy which experience has not proven to be useful, does not justify.

Our space forbids a further reference to this charmingly written and interesting volume. The publishers have presented it in a style of type, paper and binding which has never yet been surpassed in medical literature. The half Russia binding which Messrs. Lea & Co have lately introduced is truly elegant.

YELLOW FEVER: Its Ship Origin and Prevention. By Robert B. S. Hargis, M. D., Pensacola, Florida. Price $1,00. Philadelphia: D. G. Brinton, M. D., Publisher.

This little book will have a special interest for our readers in the Southern States. The main feature of the book is the argument in favor of the ship origin of yellow fever as opposed to its land or soil origin. This is, of course, a vitally important point, and if Dr. Hargis is correct in his position, there is little reason for surprise at the failure of all precautions heretofore adopted to prevent the spread of the yellow scourge. This position, it may be remarked, is at variance with that of the National Board of Health, but the indifferent success which has attended the efforts of that body is by no means an argument in favor of the correctness of its views on the subject.

A MANUAL OF MEDICAL JURISPRUDENCE. By Alfred Swaine Taylor, M. D., F. R. S., Fellow of the Royal College of Physicians, Honorary Member of Medico-Legal of New York, of the Societé de Medicine of Paris, and of the Medical Society of Sweden ; Late Lecturer on Medical Jurisprudence and Chemistry in Guy's Hospital. Eighth American from the tenth London edition, containing the author's latest notes made expressly for this edition. Edited with additional notes and references, by John J. Reese, M. D., Professor of Medical Jurisprudence and Toxicology in the University of Pennsylvania, etc., with illustrations on wood, 933 pp., 8 vo.. bouhd in half Russia.
Philadelphia : Henry C. Lea's Son & Co. Detroit: John Willyoung.

A book which has been so long before the profession as this one, and which has passed through nine editions in England and seven in this country, scarcely needs any further commendation. The importance of a proper study of medical jurisprudence is almost daily manifest on the the witness stand—the physician very generally being little other than a mere tool in the hands of the astute lawyer. There is reason why the profession should be thus brought into disrepute in courts of justice, other than the neglect of physicians to carefully read such books as Taylor on Medical Jurisprudenc.

Original Articles.

Clinic of Professor Wm. Pepper, M. D.

PHILADELPHIA, PA.

CHRONIC ARTICULAR RHEUMATISM.

In the first case, that of a sailor boy, the rheumatism, which was, at first, general, has become concentrated under the instep and in the sole of the foot. Its effects were intensified by the extreme natural flatness of the foot, which threw all the weight of the body on the instep and on the middle of the sole, where the tissues were as thick and as hard as under the heel. There was much anchylosis of the joints and the plantar nerves were pressed upon and irritated by the indurated tissues. The successful mode of treatment has been by manipulation of the anchylosed joints and counter-irritation applied to the nerve trunk higher up the leg. The continued current with the positive pole placed over the point of tenderness and the negative pole higher up the nerve, may also be employed. A shoe

should be constructed which shall take the strain off the painful point and throw the weight of the body on the outside of the foot. Iodide of potassium may be given internally.

The second case, rheumatism of the ankle joints in a young girl with a rheumatic diathesis, was brought on by scrubbing in her bare feet. The girl was able to notice the curious fact that the pain and soreness always increased before and during bad weather. The persistent use of iodide of potassium was followed by the best of results. I recommend highly the use of Tollikoffer's mixture in such cases, viz:

℞ Pulv. resin guiaci..... gr. x
Potas. iodidi..... gr. x
Tinct. colchici sem..... ʒ ss
Aq. cinnamomi..... ....
Syrupi, ää q. s. ad. ..... ℥ j.

Sig. A dessert spoonful to a tablespoonful thrice daily.

GRAVES' DISEASE.

This patient is a woman of 50 years, who had her change of life two years ago. She is suffering from anxiety, disturbed cardiac action, extreme nervousness, uterine troubles, and exophthalmos, with enlargement of the thyroid gland. The disease is most common in young women of a nervous type, though it also occurs in males. It may, indeed, be developed in any one subjected to influences which impair nutrition and disturb the nervous system. It is thus that, as in the present case, it may be met with in women about the menopause. The prominent symptoms are protrusion of the eyeballs, exophthalmos; enlargement of the thyroid gland; and disturbed cardiac action. To these are often added anæmia, and nervous and uterine disturbances. The degree to which these various elements exist varies in different cases. The exophthalmos and and goitre may be exceedingly marked, or scarcely perceptible. The disturbance of the heart's action is generally functional and very marked, with an exceedingly rapid pulse, running from 120 to 150 in the minute, and sometimes, as in this case, a musical, systolic, blowing murmur, heard over the pulmonary arteries, and anæmic in its character. There is in such cases a morbid action of the sympathetic nerves, and a weakened state of the blood. In some instances extreme throbbing of the vessels of the neck and perhaps a thyroid thrill can be noticed. The treatment of this disease is by good food, rest, sunlight, exercise, and complete release from cares. Among medicines the best are iron, arsenic, digitalis, bromide of potassium and ergot.

THE DIAGNOSIS OF TYPHOID FEVER.

First, as regards the temperature; this begins at 99½° in the first week. As the disease progresses it mounts up and drops down. Falling each morning, but not quite so far as on the previous morning, and rising each evening higher, than on the preceding evening. The temperature on the 7th day generally stands at 101° in the morning, and 102½° in the evening. In typhus fever the rise of temperature is not gradual, but very rapid, running right up to, 102°, 103°, 104°, even higher. In the second and third weeks of typhoid fever the temperature is fairly uniform, though high, with a daily variation of from 1½° to 2°. At the end of the third week the temperature begins to fall, each morning and evening, showing a correspondingly low temperature. These data are of great value in determining whether the fever is running its proper course. In malarial fever there is a complete remission or, intermission, according to the type of the fever. This is never found in typhoid. The other most pathognomonic symptoms of typhoid are those connected with the abdomen. The belly is very much swollen and tympanitic. There is either constant diarrhœa, or an irritable state of the bowels, with cutting abdominal pains. As regards nervous symptoms, in the second week there is usually dullness, listlessness, and lassitude. The patient wants to be let alone. At night there is perhaps, muttering delirium, or even violent excitement. The eyes are almost entirely closed. There is twitching of the muscles. The tongue is tender and moved with pain. There is loathing of food but rarely vomiting. In the second and third weeks the pulse rises from 96° to 120°. The frequency of the pulse is not as great as in typhus and scarlet fevers. The breathing is shallow and frequent, with some sonorous rales over the chest. The eruption appears on the seventh and eighth days, and consists of spots of rose-red color, of the size of your finger nails seen usually on the belly, between the nipple and umbilicus. These spots are scarcely, if at all, elevated above the skin. These may be absent. There is no proportion between the violence of the disease and the amount of eruption. One of the characteristic spmtoms of this fever is profuse epistaxis. There is very rarely excessive thirsty, for the mind is generally too much dulled in its sensations.

A CASE OF CYANOSIS.

This girl is 17 years of age, and has no known hereditary taint. Upon examinating her I find great exophthalmos, though the patient says that her eyes are naturally prominent. There is also very general anasarca, shown in œdema of the feet and legs below the knees, of the vulva, and of the abdomen between the genitals and umbilicus. There is no tumor in the abdomen, and careful percussion fails to reveal any considerable amount of fluid in the peritoneal sac. The skin and connective tissue of the vulva and abdomen are extremely painful to the touch. Though 17 years old the girl has never menstruated, and there is no hair on the external genitals. Accompanying the œdema, there is very marked turgescence of the veins all over the body, particularly those of the face and abdomen. Physical examination of the chest shows the signs of pulmonary congestion, with bronchial catarrh, viz: sonorous, sibilant, and crackling râles. The great increase in resonance over the back of the lungs indicates a decidedly emphysematous condition of the lower lobes. The sputa are white and frothy, and occasionally contain blood. There is no

solidification of the lungs, and no dullness on percussion. The possibility of phthisis is precluded by the absence of the usual signs, and of night sweats, and loss of flesh. The heart sounds are perfectly normal. The pulse is but slightly increased in frequency. The tongue is heavily coated. The bowels are regular, but the appetite very poor. The girl was never very strong, always suffered from shortness of breath, and her nutrition has never been good. She has no work to do, sleeps well, and eats good food. She has had two attacks of dizziness within the past three weeks during which, though she did not fall to the ground, her face, became purple, she lost consciousness, and her hands were clenched. There is no jaundice. Her tonsils are hypertrophied, and she has suffered occasionally from difficulty in swallowing. There have been no symptoms of disturbed digestion, all the œdematous parts pit on pressure; upon lying down there in great lividity of the face and enlargement of the veins. All these symptoms, together with a very racking cough, have developed within the past six months. The first thought that comes in studying this case is that it is one of chronic disease of the kidneys. The bronchial symptoms, general anasarca, venous congestion, and epileptiform attacks are all suggestive of chronic nephritis. But a careful examination of the girl's urine has failed to reveal the presence of any albumen, and, according to her own statements, she is never obliged to rise at night to pass water, has no pain in her back, has never had difficulty in passing her water, and has noticed no change of late in the quantity, or color of her urine. A thorough examination of the urine under the microscope has shown no tube casts, no unusual amount of epithelium, and only a slight increase in the normal amount of uric acid crystals. The specific gravity of the urine is 1016, and the color normal.

LUMBAGO.

This patient, a young married woman was confined five months ago. Two days after her confinement she complained of pain and stiffness in the lumbar region. During the week following her confinement her elbows and ankles were swollen, and she had an attack of acute articular rheumatism. These smyptoms came on suddenly and apparently without any cause. The patient now has a slight systolic, mitral murmur, possibly functional, and complains of shortness of breath and dizziness. Stooping gives her great pain in the affected region, and she does not bend the lumbar spine at all in the act. Pressure upon the spinous and transverse processes of the lumbar vertebræ also causes great pain. The name of lumbago is given to this condition. It is essentially understood to imply rheumatism of the lumbar muscles. Evidently, however, while in some cases the fibrous elements of the muscle are alone affected, in other instances there is also an inflammation of the sheath of the muscular nerves; and in still others of the periosteum of the adjacent bones. In some cases, also, the small joints between the vertebral processes may be involved, and may even lead to anchylosis. In the present case it seems that, although the mass of erector spinal muscles is involved, there has also been an implication of the periosteum of some of the intervertebral joints. The treatment of this case should consist mainly in manipulation applied to the lumbar region of the spine, so as to restore mobility. To subdue the painful condition of the muscle, injections of the 1-80 of a grain of atropia and the 1-8 of a grain of morphia, well diluted, should be made well into the body of the muscle. Great care must always be had in the administration of morphia and atropia to nursing women, as belladonna is the most powerful antigalactagogue known, and as too large doses of morphia not infrequently affect the child through its mother's milk. As regards other methods of treatment, the local application of blisters, iodine and croton oil, together with the internal administration of iodide of potassium, will often do good.

Selections.

PREVENTION OF LACERATION OF THE FEMALE PERINEUM.—Alex. Duke, M. K. Q. C. P. I., in the *Medical Press and Circular*, November 24th:

The best authorities are, I think, agreed that it is not advisable to support the perineum when that important structure is distended by the passage of the fœtal head, and the reason is sometimes given that the support is so seldom properly applied that it is better left undone.

However, as it is a most deplorable accident to happen to any female, not only on account of the additional danger to the patient from septic absorption, the additional anxiety and trouble it gives to both nurse and doctor, and the train of subsequent evils which it frequently sets up, I consider it a subject worth saying a few words about, if only to draw out the opinions of older and wiser heads as to the advisability of adopting some preventive treatment instead of as a rule interfering at the wrong time with the calamitous results we so often witness.

The best preventive treatment of laceration which I have found (and which I dare not claim as original, as I presume it has been tried before, but which I see no mention of in the text-books of midwifery) is this: When I find the head fairly engaged in the pelvis, and advancing with each pain, I take my seat by the patient's bed, and having lubricated my left thumb or the two first fingers of my right hand, I introduce either into the vagina, and at the onset of a pain draw back the perineum firmly but gently toward the coccyx, relaxing the tension gradually as the pain lessens till the next ensues, and so on till I can draw back the perineum with very slight effort. I thus tire out the muscular structures and produce sufficient relaxation for the head to pass. In most cases so treated the perineum is in no danger, but when the pubic arch is narrow, I take the additional precaution to foment the parts, and use an inunction of lard, and also allow the head while passing

through the vulva to glide over my lubricating fingers, using them as a shoe-horn, so to speak, while I direct the head forward by pressure with my left hand below the coccyx or a finger in the rectum.

It has always seemed anomalous to me that the perineum should be expected to dilate on such a short notice, namely, the "process of extension," while (dilatation of) the os and cervix occupy such a considerable time, even with the additional help of nature's hydrostatic dilator, viz., the bag of waters.

The drawing back of the perineum produces no additional pain, as it is done during a uterine contraction, and I feel sure that if nurses were educated as to the proper way of dilating the perineum previous to its distension with the fœtal head, we should see less and hear less of lacerated perinei.—*Louisville Medical News.*

Alterations in the Alimentary Tract in Pulmonary Consumption.—Mazotti * states that in fifty autopsies performed on patients who had died of pulmonary consumption he found lesions of the alimentary tract in thirty-eight; in the remaining twelve no such lesions were present. In thirty-seven of the cases so affected the lesions consisted of ulcers situated either on the tongue, pharynx, stomach, or large or small intestine, but not in the œsophagus or rectum. In all cases, with one exception, the lesions were multiple, ulceration of the tongue, pharynx, or stomach existing simultaneously with ulceration of the intestines. In twelve cases the lesions were confined to the small intestine, in five to the large, while in twenty they affected both viscera. The author observes that in cases where ulceration has been confined to the small intestine the large has frequently contained solid fæcal matter, thereby demonstrating a fact already remarked on by Niemeyer, that ulceration of the small intestines may exist without giving rise to diarrhœa. As a rule, the number and extent of the intestinal ulcerations bore a constant relation to the pulmonary lesions. In the small intestine, the ulcers were generally seated in the lower portion of the ileum, although in some cases they were confined to the ileo-cæcal valve, while in others they extended as high as the jejunum, and even duodenum. These ulcers in the earliest stages appeared as small white spherical bodies of the size of a pin's head springing from the mucous membrane. At a later stage they became larger, and the mucous membrane had shrunk away from their summits, thus leaving punctiform ulcers. In some cases the ulcers were situated on Peyer's patches, and were multiple. In the large intestine the lesions were, as a rule, confined to the ascending colon, though, when numerous, they were also found in the cæcum and around the vermiform appendix. The author remarks on the extreme rarity of tubercular granulations in the large intestine as compared with the small.

* Bullettiono delle Scienze Mediche, London Medical Record.

Poisoning by Iodoform.—Not much is at present known of the toxic effects of iodoform, and considerable interest therefore attaches to two cases which have been published bo Oberlander The maximum dose given was 0.8 gram (12½ grains) in a pill. The symptoms of poisoning occurred in one case (a woman twenty-six years of age) after forty-two grams of iodoform had been taken in eighty days; in the other case (a woman sixty-nine years of age) after five grams had been taken in the course of seven days. The symptoms produced were giddiness, vomiting and deep sleep, from which the patient could be roused with difficulty. This somnolence was interrupted by periods of excitement, each lasting several hours, and was followed by delirium, intense headache, sense of impending death, spasmodic contractions of the facial muscles, and in the case of the younger patient diplopia. The functions of the other sensory organs were not disturbed and the pupils presented a normal reaction. Deep inspirations alternated with apnœa of about a minute's duration. After five or six days the toxic symptoms gradually lessened and passed away.—*Lancet.*

Treatment of Tuberculosis.—Dr. D. Mueller recommends (*Deutsche Med. Wochenschrift*) for the treatment of pulmonary tuberculosis, inhalations of salicylic acid and borax. Being a chemist he bases his plan partially upon chemical grounds. His premises are that the sputum of tuberculous patients has an alkaline reaction, and that the alkalinity is due to fermentation, produced by lower organisms. The above solution is therefore well adapted, being at the same time acid and having a disinfectant action. The principal objection urged against this plan—that the inhalation does not come into actual contact with the lungs—he regards puerile, and cites ten cases of undoubted phthisis treated in this manner by Dr. Sachse, of Berlin, with the recovery of seven.—(*Cincinnati Lancet and Clinic.*)

Diagnosis of Fracture of the Neck of the Femur.—Dr. Bezzi, in *Lo Spallanzani*, Nos. 1 and 2, 1880, calls attention to a sign which is pathognomonic of fracture of the neck of femur, but which he thinks, is not generally known. In examining the space betwen the trochanter and the crista ilii, it will be found that while on the sound side the muscles occupying this region (the tensor vaginæ femoris and the gluteus medius) are tense, and offer to the hand a considerable feeling of resistance, they present on the affected side a deep, well-marked depression, a flaccidity and diminution of tension, from displacement upward of their points of insertion. (*Glasgow Medical Journal.*)

The *American Practitioner*, from which this excerpt is made, says: "The discovery of this truly valuable diagnostic mark belongs to Dr. Allis, of Philadelphia."

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